2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # H79256** May 01, 2000 8:00 am Secretary of State BOB COOK'S FLEET SERVICE, INC. 05-01-2000 90377 018 ***150.00 Principal Place of Business Mailing Address 1003 17TH STREET NORTH 30071/2 - 47 AVE N ST. PETERSBURG FL 33713-7125 ST. PETERSBURG FL 33714 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2584866 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name COOK, HAZEL G. Street Address (P.O. Box Number is Not Acceptable) 1003 17TH STREET NORTH ST. PETERSBURG FL 33713 Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition STD ☐ Delete TITLE TITI F COOK, HAZEL G. NAME NAME STREET ADDRESS STREET ADDRESS 1003 17TH STREET NORTH CITY-ST-ZIE CITY-ST-ZIP ST. PETERSBURG FL ☐ Addition ☐ Change VD. ☐ Delete TITLE TITLE NAME COOK, DANIEL D. NAME STREET ADDRESS STREET ADDRESS 1011 17TH ST, NO CITY-ST-ZIF CITY-ST-ZIP ST PETERSBURG FL 33713 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP

Cook