2001 UNIFORM BUSINESS REPORT (UBR) FILED May 01, 2001 8:00 am Secretary of State **DOCUMENT # H82539** 1. Entity Name GERSTMAN'S U-PULL-IT, INC. 05-01-2001 90066 042 ***150.00 Principal Place of Business Mailing Address % BOBBY JOE GERSTMAN % BOBBY JOE GERSTMAN 1425 OLD DIXIE HIGHWAY 1425 OLD DIXIE HIGHWAY UUU57058 AUBURNDALE FL 33823 AUBURNDALE FL 33823 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number 59-2893432 Applied For City & State City & State Not Applicable \$8.75 Additional Country Zip Country П 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GERSTMAN, BOBBY JOE Street Address (P.O. Box Number is Not Acceptable) 1425 OLD DIXIE HIGHWAY AUBURNDALE FL 33823 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 Signature, typed or printed name of registered agent and title if applicable. DATE (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 After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 12. 11. PID Change ☐ Addition ☐ Delete TITLE TITLE GERSTMAN, BOBBY JOE NAME NAME RTE 2, BOX 2170 STREET ADDRESS STREET ADDRESS AUBURNDALE FL CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE GERSTMAN, LONIE B. NAME NAME RTE 2. BOX 2170 STREET ADDRESS STREET ADDRESS AUBURNDALE FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition , Delete _TITLE TITLE GERSTMAN, BRIAN NAME NAME 1425 OLD DIXIE HWY STREET ADDRESS STREET ADDRESS AUBURNDALE FL 33823 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Detete TITLE TITLE LOCKE, KIMBERLY NAME NAME 1425 OLD DIXIE HWY STREET ADDRESS STREET ADDRESS AUBURNDALE FL 33823 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE GAINEY, GEORGE J NAME NAME 1425 OLD DIXIE HWY STREET ADDRESS STREET ADDRESS AUBURNDALE FL 33823 CITY-ST-ZIP CITY-ST-ZIP 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-ZIP

SIGNATURE ON TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-118-4

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