2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 02, 2003 8:00 am Secretary of State H99411 **DOCUMENT#** 05-02-2003 90148 021 ***158.75 WARREN PEARCE TRUCK BROKERS, INC.

Principal Place of Business Mailing Address 150 W STATE RD 546 P O BOX 1477 HAINES CITY FL 33845 P.O. BOX 1477 HAINES CITY FL 33845 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 59-2628834 Not Applicable ZiΩ Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PEARCE, PATTY Street Address (P.O. Box Number is Not Acceptable) 150 W STATE RD 546 LAKE HAMILTON FL 33851 City Zip Code 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. I am familiar with, and accept the obligations of registered agent. 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. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. R2E034 (10/02) TITLE TITLE Change ☐ Addition Delete PEARGE, WARREN NAME NAME STREET ADDRESS 2512 CREST DR STREET ADDRESS HAINES CITY FL CITY-ST-ZIP CITY-ST-ZIP Change Change TITLE TITLE ☐ Addition ☐ Delete PEARCE: PATTY NAME NAME 3KI D'MARE STREET ADDRESS STREET ADDRESS 2512 CREST DR CITY-ST-ZIP HAINES CITY FL CITY-ST-ZIP S. .- ----TITLE Delete TITI F ☐ Addition NAME PEARGE, KEVIN E. NAME 56 SKIDMORE BR STREET ADDRESS STREET ADDRESS WINTER HAVEN FL CITY-ST-ZIF CITY-ST-ZIP 33884 BOD TITLE ☐ Delete TITLE ☐ Change ☐ Addition MULLEN: KIMBERLY NAME NAME STREET ADDRESS 3214 FAIRMONT PLAGE STREET ADDRESS HAINES CITY FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Channe NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby 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 tractee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if ddress, with all other like empowered

SIGNATURE WINTED NAME OF SIGNING OFFICER OR DIRECTOR