2001 UNIFORM BUSINESS REPORT (UBR)

Apr 05, 2001 8:00 am Secretary of State **DOCUMENT # J49972** 1. Entity Name THE LUCKY FLEET, INC. 04-05-2001 90068 010 ***150.00 Principal Place of Business Mailing Address 614 GRINNELL ST 614 GRINNELL ST KEY WEST FL 33040 KEY WEST FL 33040 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-2748234 Not Applicable Zip 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. KIRWIN, FRANCIS .O. Box Number 614 GRINNELL ST KEY WEST FL 33040 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 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 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 12. OFFICERS AND DIRECTORS 11. Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME KIRWIN, FRANCIS STREET ADDRESS STREET ADDRESS 614 GRINNELL ST CITY-ST-ZIP CITY-ST-ZIP KEY WEST FL Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME KIRWIN, PEGGY A. STREET ADDRESS STREET ADDRESS 614 GRINNELL ST CITY-ST-ZIP CITY-ST-ZIP KEY WEST FL TITLE · Change ☐ Addition TITLE ☐ Delete NAME WEED, JAY T. NAME STREET ADDRESS STREET ADDRESS 3930 S ROOSEVELT BL S112 CITY-ST-ZIP CITY-ST-ZIP **KEY WEST FL** TITI F ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 empewered

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP

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Attach mout#

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Mail this postcard to businesses and people who send you mail.
Please send mail to new address beginning: 01401011 Month Day Year My Name (Last name, first name, middle) 8 614 GRINNEZL ST
OLD Complete Street Address or PO Box or Rural Route and RR Box Apt/Suite # City or Post Office State ZIP or ZIP +4 Code
State ZIP or ZIP +4 Code LEY WEST FL 33040 State STATE
NEW Telephond Number (Optional) SALE Account Number (If applicable)
Signature Today's Date: Month Day Year PS FORM 3576, January 2001 See http://www.usps.com/moversnet for more information.