AMENDED

03 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
03 MAY 29 AM 11:22
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # J71578

1. Entity Name: DOC'S TRUCK RENTAL, INC.

DO NOT WRITE IN THIS SPACE

200020531872
06/04/03--01062--032 **61.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5974 SW 40 Avenue Suite, Apt. #, etc.	5974 SW 40 Avenue Suite, Apt. #, etc.
City & State: Fort Lauderdale, Zip: Florida 33314 County	City & State: Fort Lauderdale, Zip: Florida 33314 Country

4. FEI Number: 59-2815163 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Harold Yelner

Street Address (P.O. Box Number is Not Acceptable): 5974 SW 40 Avenue

City: Fort Lauderdale FL Zip Code: 33314

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] 5/27/03
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P D
NAME	Ina Yelner
STREET ADDRESS	5974 SW 40 Avenue
CITY-ST-ZIP	Fort Lauderdale, Florida 33314
TITLE	V P
NAME	Harold Yelner
STREET ADDRESS	5974 SW 40 Avenue
CITY-ST-ZIP	Fort Lauderdale, Florida 33314

DO NOT WRITE IN THIS SPACE

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Ina Yelner 5-27-03 9549629559
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034B (12/02)

5/30