2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 23, 2001 8:00 am Secretary of State **DOCUMENT # J94720** ENTERPRISE TRUCK BROKERS, INC. 03-23-2001 90024 045 ***150.00 Principal Place of Business Mailing Address 1300 S. FRENCH AVE 1300 S. FRENCH AVE BOX 6-A BOX 6-A SANFORD FL 32771 SANFORD FL 32771 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2848468 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 Name TUCKER, DONALD Street Address (P.O. Box Number is Not Acceptable) 1300 S. FRENCH AVENUE (BOX 6-A) SANFORD FL 32771 Zip Code FL 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. (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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change Addition NAME NAME TUCKER, DONALD STREET ADDRESS STREET ADDRESS 151 SPRINGHURST CIRCLE CITY-ST-ZIP CITY-ST-ZIP LAKE MARY FL TITLE ☐ Delete TITLE Change ☐ Addition NAME TUCKER, LINDA STREET ADDRESS STREET ADDRESS 151 SPRINGHURST CIRCLE CITY-ST-ZIP CITY-ST-ZIP LAKE MARY FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TIT! F ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE 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

ITED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

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

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