FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2002 8:00 am
Secretary of State
05-30-2002 91603 017 ***150.00

DOCUMENT # L 29168

1. Entity Name
Transportation Equipment Specialist Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Jacksonville Florida
Suite, Apt. #, etc.
11639 Camden Rd
City & State
Jacksonville FL 32218
Zip 32218 Country Duval

3. Mailing Address
PO Box 351089
Suite, Apt. #, etc.
City & State
Jacksonville FL 32235
Zip 32235 Country Duval

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2978636 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: Danny Barlow
Street Address (P.O. Box Number Only is Not Acceptable): 11639 Camden Rd
City: Jacksonville FL Zip Code: 32218

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: Danny Barlow 5/16/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent's signature required when reinstating.) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

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

11. OFFICERS AND DIRECTORS

TITLE	President
NAME	Danny Barlow
STREET ADDRESS	11639 Camden Rd
CITY-ST-ZIP	Jacksonville FL 32218

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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

SIGNATURE: Danny Barlow 5/16/02 904-751-0333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #