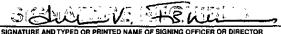
2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L97031 Apr 05, 2000 8:00 am Secretary of State 1. Entity Name UNI SHIPPERS OF BREVARD, INC. 04-05-2000 90051 006 ***150.00 Principal Place of Business Mailing Address 3995 HEILD RD. P.O. BOX 061210 PALM BAY FL 32907 PALM BAY FL 32906-1210 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3030226 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FISHER, JULIE Street Address (P.O. Box Number is Not Acceptable) 3995 HIELD RD. PALM BAY FL 32907 Zip Code City 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, 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 After MAY 1, 2000 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 OFFICERS AND DIRECTORS 11. 12. ☐ De:ete Addition TITLE TITLE VAUGHAN, CURRY NAME NAME 3995 HIELD RD. STREET ADDRESS STREET ADDRESS PALM BAY FL 32907 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete TITLE VAUGHAN, NANCY NAME NAME 3995 HEILD RD. STREET ADDRESS STREET ADDRESS PALM BAY FL 32907 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE FISHER, KEVIN 3995 HEILD RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM BAY FL 32907 Addition ☐ Change ☐ Delete TITLE FISHER, JULIE NAME 3995 HEILD RD. STREET ADDRESS STREET ADDRESS PALM BAY FL 32907 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 empowered.

SIGNATURE:



3/30/00

1 321-725-4661

Daytime Phone #