FILED 2002-UNIFORM BUSINESS REPORT (UBR) May 23, 2002 8:00 am Secretary of State P00000008307 DOCUMENT # 1. Entity Name 05-23-2002 90102 026 ***150.00 RAPID HAUL, INC. Principal Place of Business Mailing Address POST OFFICE BOX 5656 3334 KEENE PARK DRIVE 802120 CLEARWATER FL 33771 **LARGO FL 33771** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 59-3619262 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPIEGEL & UTRERA, P.A. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above nam SIGNATURE (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, 2002 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 11. OFFICERS AND DIRECTORS 12. ☐ Addition ☐ Delete TITLE TITLE 2374 St. N., B NAME BOSWELL, STEVEN D NAME STREET ADDRESS STREET ADDRESS 3334 KEENE PARK DRIVE tensumy, FL 33713 CITY-ST-ZIP LARGO FL 33771 CITY-ST-ZIP TITLE ☐ Delete VD. NAME KNIGHT, KEVIN NAME STREET ADDRESS 3334 KEENE PARK DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LARGO FL 33771 ☐ Addition Delete-TITLE TITLE . BOSWQELL, PATSY D NAME NAME STREET ADDRESS STREET ADDRESS 3334 KEENE PARK DRIVE CITY-ST-7IP CITY-ST-ZIP LARGO FL 33771 ☐ Change ☐ Delete TITLE ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Change ☐ Addition TITLE ☐ Delete 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 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 mental 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 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 13. I hereby certify that the information indicated on this report or supple of the corporation or the receive other like empg changed, or on an attachment

Daytime Phone #

SIGNATURE: