## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

Apr 11, 2003 8:00 am Secretary of State P00000008307 DOCUMENT # 04-11-2003 90093 036 \*\*\*150.00 1. Entity Name RAPID HAUL, INC. Principal Place of Business Mailing Address 217 23RD ST. N-B POST OFFICE BOX 5656 SAINT PETERSBURG FL 33713 CLEARWATER FL 33771 Mailing Applress 2. Principal Place of Business <u> 2525</u> Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State 4. FEI Number Applied For Gitvi& Stalte 59-3619262 Not Applicable \$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 **BOSEWELL, PATSY D** Street Address (P.O. Box Number is Not Acceptable) 217 23RD ST. N-B SAINT PETERSBURG FL 33713 purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar 8. The above named entity submits this statement for with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change Addition NAME Boswell, Steven D NAME 217 23RD ST. N-B STREET ADDRESS STREET ADDRESS SAINT PETERSBURG FL 33713 CITY-ST-ZIP CITY-ST-ZIP TITLE **VD** Delete TITLE ☐ Change ☐ Addition NAME knight, kevin NAME STREET ADDRESS 217 23RD ST. N-B STREET ADDRESS CITY-ST-ZIP SAINT PETERSBURG FL 33713 CITY-ST-ZIP Change Delete -Addition\_ TITLE TITLE Patsy Di Boswell 2525 1st Are. N NAME BOSWQELL, PATSY D NAME STREET ADDRESS 217 23RD ST. N-B STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SAINT PETERSBURG FL 33713 Petersburg, t ☐ Addition ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-2IP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information statutes. I further certify that the information 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 Block 11 if

SIGNATURE:

changed, or on an attachment

an address