2001 UNIFORM BUSINESS REPORT (UBR)

Apr 10, 2001 8:00 am Secretary of State DOCUMENT # P0000011158 1. Entity Name GONE LIKE THE WIND TRUCKING, INC. 04-10-2001 90134 042 ***150 00 Principal Place of Business Mailing Address 1500 E JOHNSON AVE. UNIT 102 1500 E JOHNSON AVE. UNIT 102 RNC5500PENSACOLA FL 32514 PENSACOLA FL 32514 Principal Place of Business Semoran Blod DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Florida - 3620224 Not Applicable 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 WILLIAMS, GERRY L O. Box Number is Not Acceptable 1500 E JOHNSON AVE, UNIT 102 PENSACOLA FL 32514 of 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 name (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, 2001 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 12. 11. PD ☐ Addition □ Delete TITLE. TITLE Gerry L. Williams 4413 S. Semoran Blvd #5 NAME NAME WILLIAMS, GERRY L STREET ADDRESS STREET ADDRESS 1500 E JOHNSON AVE, UNIT 102 CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32514 Change ☐ Delete TITLE D TITLE 4413 S. Semoran Blvd #S NAME PIMIENTA, DENITA L MAME STREET ADDRESS STREET ADDRESS 1500 E JOHNSON AVE, UNIT 102 Orlando, Florida 32802 CITY-ST-ZIP CITY-ST-7IP PENSACOLA FL 32514 _ Change _ Addition - - - Delete DILE TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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-ZIF ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

I hereby certify that the information supplied with this filling 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

CITY-ST-7IP

CITY-ST-ZIP

Williams