FILED

2002 UNIFORM BUSINESS REPORT (UBR)

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 21, 2002 8:00 am DOCUMENT # P00000011158 **Secretary of State** 1. Entity Name GONE LIKE THE WIND TRUCKING, INC. 02-21-2002 90103 044 ***150.00 Principal Place of Business Mailing Address 2655 GOLD DUST CIRCLE 2655 GOLD DUST CIRCLE KISSIMMEE FL 34744 KISSIMMEE FL 34744 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3630824 Not Applicable Zip Country Country \$8.75 Additional -5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WILLIAMS, GERRY L Street Address (P.O. Box Number is Not Acceptate 3655 GOLD DUST C 4413 S SEMORAN BLVD #5 ORLANDO FL 32822 KISSIMMEE 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 Signature, typed or printed name of registered agent and title if applicable DATE (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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. CR2E034 (9/01) TITI F Change TITLE ☐ Delete GERRY L. WILLIAMS. 2155 GOLD DUST CIRCLE WILLIAMS, GERRY L NAME NAME STREET ADDRESS STREET ADDRESS 4413 S SEMORAN BLVD #5 CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32822 KISSIMMEE, FL 34744 ■ Addition TITLE Delete TITLE DENITA LPIMIENTA PIMIENTA, DENITA L NAME NAME 2655 GOLD DUST CIPCLE 4413 S SEMORAN BLVD #5 STREET ADDRESS STREET ADDRESS KISSIMMEE EL 34744. ORLANDO FL 32822 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition 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 ☐ Addition ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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