2003 FOR PROFIT CORPORATION

FILED Apr 28, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR** P00000012037 DOCUMENT # 04-28-2003 91474 049 ***158.75 1. Entity Name 007 TRUCKING OF SARASOTA, INC. Principal Place of Business Mailing Address ~~~UE 4313 S LOCKWOOD RIDGE ROAD 4313 \$ LOCKWOOD RIDGE ROAD SARASOTA FL 34231 SARASOTA FL 34231 3. Mailing Address 2. Principal Place of Business <u>Same</u> 50mc a5 Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 65-0982884 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 SAME) New Olddres YOCHIM, DOMINIQUE 4091 LAKE FOREST DRIVE SARASOTA FL 34233 5AAAASOTA 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. I am famil the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Addition TITLE ☐ Delete TITLE NAME YOCHIM. DOMINIQUE NAME STREET ADDRESS 4313 S LOCKWOOD RIDGE ROAD STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34231 CITY-ST-ZIP TITLE Secretary Delete TITLE Addition NAME Schascle C. Yochim NAME STREET ADDRESS STREET ADDRESS 43135. Lockwood fidge CITY-ST-ZIP CITY-ST-ZIP SAPASOTA. 76. Change ☐ Addition TITLE TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Delete □ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS

12. 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 10 or Block 11 if changed, or on an attackmen

CITY-ST-ZIP

CITY-ST-ZIP