FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # P00000017274 1. Entity Name

WE HAUL, FRE.

FILED Apr 15, 2004 8:00 am Secretary of State 04-15-2004 90015 046 ***150.00

DO NOT WRITE IN THIS SPACE				***	94051805	
2. Principal Place of Busi		3. Mailing Address	rey PiN	ec Dric	C	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
RIVERVIEW, FL		Riverview, FL.			4. FEI Number Applied For	
City & State 335し 9		City & State		4. FE	Number	Applied For Not Applicable
Zip	Country LAS A	^{Zip} 3 3 5 6 9	Country USA	5 . Ce		.75 Additional Required
			Ne	7. Name and Address of Current Registered Agent		
	O NOT W	oure .	Name			_
DONOT WRITE Street Address (P.O. Box Number is Not Acceptable)						
IN THIS SPACE						
			City	City Zip Code		
7		<u>14.2. (1.3. \$</u> 1.2. 1.1. 5. 5.1.			FL	,
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 familiar with, and accept the obligations of registered agent.						
January Contract Cont	T	- ~				
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (MOTE: Registered Agent signature required when reinstating) DATE DATE						
	lay 1 Fee is \$150.00	d the It applicable. (NOTE	Hegistered Agent signatu	re required when rein	saling)	
Amende	1, Fee is \$550.00 d UBR is \$61.25 o Florida Department of (State			Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
10.	OFFICERS AND D	DIRECTORS	:			
TITLE OU	NER	ENER	TITLE			a
NAME Th	OMAS E. BR	DINGS Driv	NAME STREET ADDRESS			
CITY-ST-ZIP 18	OMAS E. OR SIS TORREY IUERUIEW	FL 33569	CITY-ST-ZIP			
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NAME			NAME			A CAR
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	•		4
	he information supplied with	this filing does not qualify for		ed in Section 1	19.07(3)(i), Florida Statutes. further certify	that the information

indicated on this report or supplied with this hing does not qualify for the exemption stated in Section 1.9.07(5)(f), Florida Statutes. Flurtner 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR