FILED
May 02, 2003 8:00 am
Secretary of State
05-02-2003 90238 044 ***150.00

...FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

80104007

DOCUMENT # P00000023326

1. Entity Name
TRUCKS.COM INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
4939 BAYWAY PLACE TAMPA, FL 33629	4939 BAYWAY PLACE TAMPA, FL 33629

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / County	Zip / County

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 59-3632135 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KASS, MICHAEL 1505 N FLORIDA AVENUE TAMPA, FL 33602	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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.

SIGNATURE [redacted] DATE

9. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PT GOLDENBERG, LEX 4939 BAYWAY PLACE TAMPA, FL 33629 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S GOLDENBERG, BRUCE 4939 BAYWAY PLACE TAMPA, FL 33629 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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 attachment with an address, with all other like empowered.

SIGNATURE: [redacted] 4/30/03 813-247-6636

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #