2001 UNIFORM BUSINESS REPORT (UBR)

Mar 13, 2001 8:00 am Secretary of State DOCUMENT # P00000031949 1. Entity Name 03-13-2001 90323 013 ***150.00 BUCK'S TRUCKING, INC. Mailing Address Principal Place of Business 2616 36th Avenue West 2616 36th Avenue West Bradenton, FL 34205 Bradenton, FL 34205 00025038 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number Not Applicable 65-0996921 Country \$8.75 Additional Country Zip Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BUCK L. GLEASON Street Address (P.O. Box Number is Not Acceptable) 2616 36th Avenue West Bradenton, FL 34205 Zip Code City FI 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOWILL 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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. :R2E034 (11/00) Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME Buck L. Gleason STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2616 36th Avenue West CITY-ST-ZIP Bradenton, FL 34205 Addition ☐ Change ☐ Delete TITLE NAME Tracy L. Gleason NAME STREET ADDRESS STREET ADDRESS 2616 36th Avenue West CITY-ST-ZIP CITY-ST-ZIP Bradenton, FL 34205 ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE Delete DITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 of the corporation or the receiver or trustee empoy changed, or on an attachment with an address, wi

all other like empowered.

Buck L. GLEASON

Davtime Phone #

FILED