6/16/2002-9069

FILED Jul 24, 2002 8:00 am Secretary of State 06-16-2002 90695 048 ***150.00 07-24-2002 90133 022 ***461.25

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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Su11	livan Trucki	ng, Inc.	V					
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		IN-IHIS S	SPAC	:			4 0 0 W	
2. Principal Place of Business 3441 Hwy 98 West		3. Mailing Address			1	· ,]	1227	30
Spite, Apt. #, etc. City & State		Suite, Apt. #, etc.			DO NO	OT WRITE IN THIS SP	ACE	
Perry, FL	1	City & State			4. FEI Number 59-366133	 _	Applied For	
32347	Country USA	Zip	Count		5. Certificate of Status De	sired 🗆 \$1	Not Applice 8.75 Additional se Required	able
				Name Kathlee	7. Name and Address of C en L. Sulliv	urrent Registered A	gent	
	O NOT WR V THIS SPA		港村	SIFCOLADDIOSS (P	CR L. SUILIV CO. Box Number is Not Acco WY 98 West	ran optable)		\dashv
	The state of the s			- FTURE	عاموا معاصص المالية		V. 2	
8. The above named entity	submits this statement for the	e purpose of changing its	s registerec	Ciperry office or registered	d appeal or both in the State	FL	² 3°2°3'47	36-7
SIGNATURE	y proted dame of impression agent and to					or Morida.		
9. This corporation is eligible	ble to satisfy its Intancible	July Size Vanuary 13 M	lav 1. Foo	Istation	<u>.</u>	DATE		
Tax fiting requirement an (See criteria on back)	nd elects to do so.	Amended Make Check Payabi	1, Fee is	\$550.00	10. Election Campaig	gn Financing abution.	\$5.00 May Be Added to Fees	
me Presi	OFFICERS AND DIRE	ECTORS	UNE			्रेड्डिकेट ने स्व	<u> </u>	
Kathle	een L. Sulli Hwy 98 West FL 32347	van	NAME SIREE A	ACORESS.				CR2E034B (12/01)
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-TITLE NAME	STATE OF THE PARTY	2-+ <u></u>	JUL					
STREET ADDRESS CITY-51-ZIP		·	STREET AOOA	50° - 1063 K 25 - 30°		- 11	1 6	37-
13. I hereby certify that the information indicated an this report or sure of the corporation or the recatterbrees with an additional property with a property with an additional property with a	ermation supplied with this filling supplemental report is true and solver or trusted empowered solver of trusted empowered solver all fulfor like empowere	ig does not qualify for the		FIRST T. C.	<u> 1981 is is is statistic.</u>	Hurther centily that :	Carlo Service (1984)	ı
SIGNATURE: 20	supplemental report is true an reciver or trustee empowered s. vin attaly in like empowered	9.11	required o	by Chapter 607, Flor	ride Statutes: and that my n	dam; that I am an on an ame appears in Bloc	icer or director ik 11 or on an	
	MATURE AND TYPED OR PRINTED NA	ALLUMAN AME OF SIGNING OFFICER OR DIS	MECTOR		6-12-02 CHO	(850) 83	38-1716	

AMENDED TO CHANGE ADDRESS AND

FOR PROFIT CORPORATION ADD OFFICER

ļ	UNIFORM BUSIN	ESS_REPO	RT (UBR)			
DOC 1. Entity N	UMENT# DOODO	0071021				
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	DO NOT WRITE		AN LANGUAGE COLOR SON	Attach	ment	
2. Princina	al Place of Business			122	730'	
2. Principal Place of Business 3. Mailing Address 3441 Hwg 98 W. SAme				100	, 5 0	
		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & S	tate	City & State		4. FEI Number		
<u>Perr</u> Zip	Country Country			59-11366 1339	Applied For Not Applicable	
<u> 323 -</u>		Zip	Country	5. Certificate of Status Desired	\$8.75 Additional	
				7. Name and Address of Current Register	Fee Required	
	DO NOT W IN THIS SP	27 32.77 32.77 32.77 53.57	Street Address City	(P.O. Box Number is Not Acceptable)		
P. The sheet	ve named entity submits this statement for			<u> </u>	Zip Code	
Tax filing (See crite	poration is eligible to satisfy its Intangible prequirement and elects to do so, erla on back)	January 1 After M Amen Make Check Pa	NOTE Registered Agent signature required May 1. Fee is \$150.00 ay 1, Fee is \$550.00 ded UBR is \$61.25 /able to Department of Sta	10. Election Campaign Financing	\$5.00 May Be Added to Fees	
11. TILE	OFFICERS AND I	DIRECTORS	And the second		Carrie Carrent	
NAME	Secretary Robert Sullivan		TITLE:		Fig. 10 Car.	
STREET ADDRESS DIY-ST-ZIP	3441 Hwg 98 W.		STREET ACCURESS			
TLE	Perry FL 32347		CITY-ST-ZIP			
IAME TREET AODRESS ITY-ST-ZIP			NAME STREET ADDRESS CITY STORE			
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AME FREET ADDRESS			NAME			
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Y-ST-ZIP			STREET ADURESS CITY-ST-ZIP	the last of the second of the		
	ertify that the information supplied with the on this report or supplemental report is true paration or the receiver or trustee empow	s filing does not qualify for the and accurate and that ered to execute this repo		ion 119.07(3)(i), Florida Statutes, I further cert	ily that the information man officer or director	