2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Apr 25, 2003 8:00 am Secretary of State P00000076742 DOCUMENT # 04-25-2003 90286 047 ***150.00 1. Entity Name D & K AUTO TRANSPORT, INC. Principal Place of Business Mailing Address 6483 BAMBOO AVE. 6483 BAMBOO AVE. COCOA FL 32927 COCOA FL 32927 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-3664215 Not Applicable Zip Country Zip 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 Name RICH, WARREN D JR. Street Address (P.O. Box Number is Not Acceptable) 6483 BAMBOO AVE. COCOA FL 32927 City 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, 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 10.^ 11. *** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (10/02) TITLE TITLE ☐ Delete RICH, JR, WAREN D NAME NAME 6483 BAMBOO AVE. STREET ADDRESS STREET ADDRESS COCOA FL 32927 CITY-ST-ZIP CITY-ST-ZIP **VPST** TITLE TITLE Delete ☐ Change Addition RICH, KIMBERLY NAMÉ NAME STREET ADDRESS 6483 BAMBOO AVE. STREET ADDRESS CITY-ST-ZIP COCOA FL 32927 CITY-ST-7IP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-7IP Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete Change Addition 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 attachment with an address

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