FILED Jun 17, 2002 8:00 am 2002 UNIFORM BUSINESS REPORT (UBR) Secretary of State **DOCUMENT #** P01000015910 05-23-2002 90117 048 ***150.00 1. Entity Name FVW TRUCKING INC Principal Place of Business Mailing Address 93236 4605 TERESA RAOD 4605 TERESA RAOD ORLANDO FL 32808 ORLANDO FL 32908 2. Principal Place of Business 3. Mailing Address 4605 TERESA RD ORLANDO . EL Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 5 9 3 Applied For DRLANDO ORLANDO Not Applicable ^{zi}32808 \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent -WILLIAMSON, FRANK-VEREEN Street Address (P.O. Box Number is Not Acceptable) 4605 TERESA RAOD ORLANDO FL 32808 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. SIĞNATURE 9. This corporation is eligible to satisfy its intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. П (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PRESIDENT FRANK Y. WILLIAMSON HUOS TERESA RD. ORL., FL. 32808 TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CR2E034 CITY-ST-ZIF CITY-ST-ZIP Treasurer Frank V. Williamson 4605 Teresa Rd. Orl., Fl. 32808 7(1) F ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VICE PRESIDENT ☐ Delete TITLE TITLE Change ☐ Addition CLAY WILLIAMSON HUOS TERESA RD. ORL. FL. 32808 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SECRETARY CLAY WILLIAMSON HUOSTERESARD. ORL., FL. 32808 TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-77P TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS

13. I hereby certify that the information supplied with this filling 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 orderion 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

4-30-02 401-716-7126