04-26-'02 00:20 FROM-NOVICES ACCOUNTING 17724617933

UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State
04-21-2002 90854 011 ***150.00
05-13-2002 90088 031 ***150.00

DOCUMENT # P01000027679

1. Entity Name
Guin Trucking

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2769 Bayonne Ct	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Deltona FL	City & State
Zip: 32725 Country: Volusia	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3711162 Applie[s] / Not Ap[plicable]

5. Certificate of Status Desired ☐ **$8.75** Addition[al] Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name Mary Guin
Street Address (P.O. Box Number is Not Acceptable) 2769 Bayonne Ct
City Deltona FL Zip Code 327[25]

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.

SIGNATURE ____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) X

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** M[ay be] Added to F[ees]

11. OFFICERS AND DIRECTORS

TITLE	P	TITLE	
NAME	Victor R Guin	NAME	
STREET ADDRESS	2769 Bayonne Ct	STREET ADDRESS	
CITY-ST-ZIP	Deltona FL 32725	CITY-ST-ZIP	
TITLE	S-T	TITLE	
NAME	Mary L Guin	NAME	
STREET ADDRESS	2769 Bayonne Ct	STREET ADDRESS	
CITY-ST-ZIP	Deltona FL 32725	CITY-ST-ZIP	
TITLE		TITLE	DO NOT WRITE IN THIS SPACE
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 informat[ion] 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 dire[ctor] 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 on a[n] attachment with an address, with all other like empowered.

SIGNATURE Victor R Guin Victor R Guin 3-28-02 386 532 5369
Signature and typed or printed name of signing officer or director. Date Daytime Phone #

cell 941-320-9129