2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

Apr 30, 2002 8:00 am Secretary of State P01000027884 DOCUMENT # 1. Entity Name 04-30-2002 90182 015 ***150 00 IMADDYCA TRANSPORT SERVICES, INC. Principal Place of Business Mailing Address 2109 W. COOL SPRINGS RD., #M-1 2109 W. COOL SPRINGS RD., #M-1 DUU/3400 TAMPA FL 33604 TAMPA FL 33604 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CASTILLO, FREDDY Street Address (P.O. Box Number is Not Acceptable) 2109 W. COOL SPRINGS RD., #M-1 TAMPA FL 33604 Zip Code City FL 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME CASTILLO, FREDDY STREET ADDRESS STREET ADDRESS 2109 W. COOL SPRINGS RD., #M-1 CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33604 ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME CASTILLO, IRAIDA LISSET STREET ADDRESS STREET ADDRESS 2109 W. COOL SPRINGS RD., #M-1 CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33604 ☐ Change Addition ☐ Delete TITLE TITLE NAME: NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CJTY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE 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 page appears in Block 11 or Block 12 if chapter on an attachment with an address with all other like empowered.

FILED