FROM : Long ENT. FAX NO. : 5/7

FILED
May 29, 2002 8:00 am
Secretary of State
05-07-2002 90244 029 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000028400 2

1. Entity Name: PRO 2 CALL TRUCKING INC.

DO NOT WRITE IN THIS SPACE

PLE. MY ADDRESS

31898

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3750 FOX HOLLOW DR.	3750 FOX HOLLOW DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ORLANDO FL.	City & State: ORLANDO FL.
Zip: 32829 / County: ORANGE	Zip: 32829 / Country: ORANGE

4. FEI Number: 59-3706054 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

DO NOT WRITE IN THIS SPACE

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) ☐

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 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PRESIDENT
NAME	STEPHEN LONG
STREET ADDRESS	3750 FOX HOLLOW DR.
CITY-ST-ZIP	ORLANDO FL. 32829
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CR2E0340 (12/01)

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

SIGNATURE: [signature] (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) 4/22/02 (Date) (407)222-8416 (Daytime Phone #)