2003 FOR PROFIT CORPORATION

SIGNATURE:

Apr 04, 2003 8:00 am **UNIFORM BUSINESS REPORT (UBR)** Secretary of State P01000056981 **DOCUMENT #** 04-04-2003 90080 007 ***150.00 1. Entity Name TRUE TRANSPORT, INC. Principal Place of Business 3209 SOCORRO AVE. Mailing Address 3209 SOCORRO AVE. ORLANDO FL 32829 ORLANDO FL 32829 2. Principal Place of Business 3. Mailing Address 2119 Fatio CHECK HERE IF MAKING CHANGES 4. FEI Number 59-342199759-3721997 City & State City & State Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DEWAIN MOSHER
Street Address (P.O. Box Number is Not Acceptable) MOFHER. DEWAIN A 3209 SOCORRO AVE. ORLANDO FL 32829 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 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. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE ☐ Addition ☐ Delete Mosher, Dewain A NAME NAME 2119 Fatio Rd DeLand FL 32720 **3209 SOCORRO AVE.** STREET ADDRESS STREET ADDRESS DRLANDO FL 32829 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition Mosher, Dewain A NAME NAME 2119 Fatio Rd 8209 SOCORRO AVE. STREET ADDRESS STREET ADDRESS DRLANDO FL 32829 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITL€ ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE -☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE Delete TITI F Change ☐ Addition 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 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 attachma with an address, with all other like empowered.

FILED