2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Jun 03, 2002 8:00 am **Secretary of State** P01000072696 DOCUMENT # 05-14-2002 90282 023 ***150.00 1. Entity Name DILLINGHAM TRUCKING, INC. Principal Place of Business Mailing Address 90829 2709 FOX TRAIL COURT 2709 FOX TRAIL COURT COCOA FL 32926 COCOA FL 32926 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 Ζίρ Country 5. Certificate of Status Desired \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DILLINGHAM, ROBERT L Dillingham, Alyce I. Street Address (P.O. Box Number is Not Acceptable) 2709 FOX TRAIL COURT 2709 Fox Trail Court COCOA FL 32926 City Zip Code Cocoa, 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. 32926 YCE L- DILLINGHAM **SIGNATURE** PRESIDENT Signature, typed or printe (NOTE: Registered Agent signate 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 \$5.00 May Be (See criteria on back) Make Check Payable to Department of State Trust Fund Contribution. Added to Fee: 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete P/D TITLE NAME DILLINGHAM, ROBERT L X Addition (9/01) MAME Dillingham. Alyce L. STREET ADDRESS 2709 FOX TRAIL COURT STREET ADDRESS 2709 Fox Trail Court CITY-ST-ZIP COCOA FL 32926 **CR2E034** CITY-ST-ZIP Cocoa, F1. 32926 TITLE ☐ Delete TITLE NAME ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME Change ☐ Addition 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 changed, or on an attachment with an address, with all other like empowered.

ALYCE L. DILLINGSHAM

FILED