FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 19, 2002 8:00 am Secretary of State P01000093612 DOCUMENT # 1. Entity Name 05-19-2002 90254 010 ***150.00 JL&M TRUCKING INC. Mailing Address-Principal Place of Business 1112 FERLITA WAY 1112 FERLITA WAY 361291 **TAMPA FL 33619 TAMPA FL 33619** 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State Not Applicable \$8.75 Additional Zip Country 🌉 Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BAGLEY, LEONARD Street Address (P.O. Box Number is Not Acceptable) 1112 FERLITA WAY **TAMPA FL 33619** Zip Code City 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. To the second of (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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12 11. (9/01) ☐ Change Addition TITLE Delete TITLE NAME NAME BAGLEY, MARIE STREET ADDRESS STREET ADDRESS 1112 FERLITA WAY CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33619** ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP -CITY-ST-ZIE ☐ Addition · Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE

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 name appears in Block 11 or Block 12 if

STREET ADDRESS CITY-ST-ZIP

NAME

SIGNATURE:

NAME STREET ACCRESS

CITY-ST-7IP