FILED
Apr 21, 2003 8:00 am
Secretary of State
03-26-2003 90119 050 ***150.00

3/26/

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000059640

1. Entity Name
TRUCK SALES & EQUIPMENT, INC.

Principal Place of Business
1290 NORTHWEST 15TH STREET
POMPANO BEACH FL 33069

Mailing Address
1290 NORTHWEST 15TH STREET
POMPANO BEACH FL 33069

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number #30-0081811 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
~~BISHOP, LORRAINE~~
~~1290 NORTHWEST 15TH STREET~~
~~POMPANO BEACH FL 33069~~
UNO. ANDERSON.
1290 N.W. 15th ST
POMPANO BEACH, FL
33069.

7. Name and Address of New Registered Agent
Name Uno Anderson
Street Address (P.O. Box Number is Not Acceptable) 1290 NW 15 St.
City Pompano Beach FL Zip Code 33069

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 Uno Anderson 4.17.03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES. UNO ANDERSON 1290. NW 15th ST. POMPANO BEACH FL. 33069.	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

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 attachment with an address, with all other like empowered.

SIGNATURE: [illegible signature] PRES. 3.24.03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #