2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2003 8:00 am
Secretary of State
04-30-2003 90163 025 ***150.00

DOCUMENT # P02000105074

1. Entity Name
DCS TRUCKING, INC.

Principal Place of Business	Mailing Address
12203 BUTTONWOOD ROW	12203 BUTTONWOOD ROW
BAYONET POINT FL 34667	BAYONET POINT FL 34667

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
3179 MONTROSE CT	3179 MONTROSE CT
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PALM HARBOR, FLORIDA	City & State: PALM HARBOR, FLA.
Zip: 34684 Country: USA	Zip: 34684 Country: USA

4. FEI Number 06-1649477 ☐ Applied For ☐ Not Applicable

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
VALZ, JOSEPH F	Name
710 94TH AVE NO #302	Street Address (P.O. Box Number is Not Acceptable)
ST. PETERSBURG FL 33702	City FL Zip Code

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 ______ 4-26-03
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	P SANDERS, DANIEL C 12203 BUTTONWOOD ROW BOYONET POINT FL 34667	☐ 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: SIGNATURE REQUIRED 4-26-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #