### FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## **FILED** Sep 09, 2005 8:00 am Secretary of State

### DOCUMENT # P646000142817 08-10-2005 90019 001 \*\*\*150.00 1. Entity Name 08-10-2005 90019 002 \*\*\*150.00 National Truckers Log, Fix DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 66027135 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1032763 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of Current Registered Agent LONG SHORE MEN'S DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 101-158 City SUNNY Zip Code 33 / 60 ISLES 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 = January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00-9. Election Campaign Financing \$5.00 мау Ве Amended UBR is \$61.25 Make Check Psyable to Florida Department of State Trust Fund Contribution. 10. OFFICERS AND DIRECTORS тті ғ CR2E034B (12/02) NAME NAME N.E 14 CA AVE (APT#402) STREET ADDRESS STREET ADDRESS FL 33004 CITY-ST-ZIP CITY-ST-78 TITLE HAVE MAKAF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ITTLE NAME HANE STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZP CITY-SI-ZIP ITLE TIRE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP mns NAME HAMF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZW

12. I hereby certify that the information supplied with this lilling 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 807, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

# - ATTACHMENT P8400014287 - 'G6007135

- {	
	Dear Sir,
ヿ	I am very sorry that my
	payments were not taken care of on
T	time I have suffered a couple of
	strokes in the last course of years
	and have been under heavy medication
	from my Doctors, I hope my condition
	from my Doctors, I hope my condition will improve with time: Thomas for
1	your understanding.
	/
	yours Tsuly,
	•
	Stanley Sherman
$\int$	

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DOCUMENT # Po 400001	4287	,				
Dational T	iuckers Log, 7	ATTACHMENT				
DO NOT WRITE	IN THIS SP	ACE		_		
2. Principal Place of Business	3. Mailing Address	[1602n135]		) _		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & State	City & State		2 0 - 0636660	Applied For Not Applicable		
Zip - Country	Zip	Country	5. Certificate of Status Desired   \$8.	75 Additional Required		
			7. Name and Address of Current Registered Age			
DO NOT W	DITE	NATION		INC		
		Street Address	PO Box Number is Not Acceptable)			
IN THIS SP	ACE	SVIV	E # 390			
		CINO. M		33/60		
<ol><li>The above named entity submits this statement for the obligations of registered agent.</li></ol>	r the purpose of changing its re	egistered office or registe	ed agent, or both, in the State of Florida. I am familia	r with, and accept		
SIGNATURE Stanley Cherman						
Signature, typed or printed refree of infestered agent in January 1 - May 1 Fee is \$150.00	and this a abbecause (MOTE.)	Registered Agent signature required				
After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Floride Department of			9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees		
10. OFFICERS AND		1				
MAME Stanley Sherman	•	TITLE		200		
STREET ADDRESS 501 71.8. 149 Ave		NAME STREET ADDRESS		CR2E034B (1202)		
CITY-SI-ZIP Hallandele, F.	9 33009	CITY-ST-ZIP				
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NAME STREET ADDRESS		HAME STREET ADDRESS				
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TITLE	-	TITLE	IN THIS SPACE			
NAME STREET ADDRESS		NAME Street address	III IIIIO OI AOL	<b>'</b>		
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TITLE		CITY-ST-ZIP				
NAME		TITLE NAME		ĺ		
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-SI-ZIP		1		
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anacrineni with an accress, with all other like empowered.						
SIGNATURE: Stanley Shermon and 4, 2005 (786 683) SIGNATURE AND TYPEFOR PRINTED NAME OF SIGNING OFFICER ON DIRECTOR DEL DE CONTROL 4363						