2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2000 8:00 am
Secretary of State
03-07-2000 90032 009 ***150.00

DOCUMENT # P07828

1. Entity Name

~~MONTGOMERY TANK LINES, INC.~~ QUALITY CARRIERS, INC.

Principal Place of Business	Mailing Address
CENTRAL AVE. CITY FL 33567	3802 CARPOREX R TAMPA FL 33619

A0028242

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3802 CORPOREX DRIVE Suite, Apt. #, etc.	3802 CORPOREX DRIVE Suite, Apt. #, etc.
City & State: TAMPA FL	City & State:
Zip: 33619 Country:	Zip: Country:

4. FEI Number 36-2590063 ☐ 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
BABBITT, ELTON 3108 CENTRAL DRIVE PLANT CITY FL 33567	Name: ROBERT KASAK Street Address (P.O. Box Number is Not Acceptable): 3802 CORPOREX DRIVE City: TAMPA FL Zip Code: 33619

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.

SIGNATURE: Robert Kasak — ROBERT KASAK — 2/16/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DCO BABBITT, ELTON 3108 CENTRAL PLANT CITY FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD THOMAS L FINKBINER 3802 CORPOREX DR. TAMPA FL 33619	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EV GRIMM, MICHAEL 3108 CENTRAL DRIVE PLANT CITY FL 33567	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCEO SEXTON, MARVIN E ~~3108 CENTRAL~~ ~~PLANT CITY FL~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP 3802 CORPOREX DR TAMPA FL 33619	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPFT BRANDEWIE, RICHARD J ~~3108 CENTRAL DRIVE~~ ~~PLANT CITY FL~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	 3802 CORPOREX DRIVE TAMPA FL 33619	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S KASAK, ROBERT R ~~3108 CENTRAL~~ ~~PLANT CITY FL~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	 3802 CORPOREX DRIVE TAMPA FL 33619	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCCULLOUGH, GERALD L 20856 N. RAND RD. BARRINGTON IL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/99)

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert Kasak — ROBERT KASAK — 2/16/00 — 888-675-8265
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

#P07828
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Amendment of Authority filed 3/1/00 to change name as noted.
Questions: Call Susan Mitchell @ 888-675-8265 x7261