2001 UNIFORM BUSINESS REPORT (UBR) **FILED** Apr 26, 2001 8:00 am Secretary of State DOCUMENT # **P93000084383** 1. Entity Name B & J TRUCKING CORP. 04-26-2001 90269 002 ***150.00 Principal Place of Business Mailing Address 2303 BENGAL COURT P.O. DRAWER 511447 PUNTA GORDA FL 33983 PUNTA GORDA FL 33951-1147 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0454583 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HACKETT, JACK O II Street Address (P.O. Box Number is Not Acceptable) 115 WEST OLYMPIA AVE. PUNTA GORDA FL 33950 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent's gnature required when reinstating) DATE FILE NOWIN FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fune Centribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. **DPST** ☐ Delete ☐ Chance Addition TITLE TITLE ANGELO, JIMMY A NAME NAME STREET ADDRESS STREET ADDRESS 2303 BENGAL COURT CITY-ST-ZIP CITY-ST-7IP PUNTA GORDA FL 33983 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY -S1- ZIE CITY-ST-7iP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

STREET ADDRESS CITY-ST-7:P CITY-ST-7iP 13. Thereby 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

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Timmy Angelo 4/19/01 941-625-4875
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