2002 UNIFORM BUSINESS REPORT (UBR)

:00 am

DOCUMENT # P9400018777 1. Entity Name SUPERIOR ED'S TRUCK & AUTO LEASING, INC.				Secreta	2002 8:00 ai ry of State 0026 039 ***150.00
Principal Place of Business 1029 NE 5 TERR FORT LAUDERDALE FL 33304 US .		Mailing Address 3217 NW 34TH COURT FORT LAUDERDALE FL 33309 US			
Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 1721 NE 40th Courf Suite, Apt. #, etc. Ft. Landerdole		DO NOT WRITE IN THIS SPACE	
City & State		City & State Florida		4. FEI Number 65-0475729	Applied For Not Applicable
Zip	Country		Country 8.	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	
TUBBERGEN, 3217 NW 34TH	EDWARD A	en e	Street Address	9en Edward A = (P.O. Box Number is Not Acceptable) WE 4022 Ou	r+

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

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

FORT LAUDERDALE FL 33309

FILE NOW!!! FEE IS \$150.00 After May 1, 2002 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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Tubbergen, Edward A 1721 NE 40th Court TITLE ☐ Delete TITLE NAME TUBBERGEN, EDWARD A NAME STREET ADDRESS 3217 NW 34TH COURT STREET ADDRESS Fort Lauderbale, F1 33334 CITY-ST-ZIP FORT LAUDERDALE FL 33309 CITY-ST-ZIP ☐ Delete TITLE TUBBERGEN, SHIRLEY G NAME NAME STREET ADDRESS 3217 NW 34TH COURT STREET ADDRESS Lauderdale, Fla. 33334 CITY-ST-ZIP FORT LAUDERDALE FL 33309 City-ST-7IP Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 changed, or on an attact

SIGNATURE:

EA, TUBBERGEN 4-22-02 954.