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

FILED May 29, 2002 8:00 am Secretary of State

1. Entity Na		0000776	58	05-29-2	002 93596 010	***150.00	
FLORIDA FREIBHT HOLDING, INC.				AIGATT			
	DO NOT WRITE	IN THIS SP	ACE				
Principal Place of Business 3. Mailing Address							
10343 DIO LAKELAND HWY Suite, Apt. #, etc.		P. O. Boy 695 - Suite, Apt. #, etc.		DO NOT-WE	NTE-IN-THIS-SPACE		
City & Sta	ate	City & State		4. FEI Number	THE IN THIS STAGE		
DAGE CAY, FL		DADE CMY, FL		59-327581	6	Applied For Not Applicable	
Zip 335	Country USA	33524	Country USA	5. Certificate of Status Desired	☐ \$8.7 5	5 Additional equired	
. •	***	Mary Control	Name —	7. Name and Address of Currer	t Registered Agen	t	
DO NOT WRITE IN THIS SPACE				Street Address (P.O. Box Number is Not Acceptable) 10343 GO LAKETANO HW Y			
•			City %	- Ami	FL Z	Code	
Tax filing (See crite	Signature: typed or printed name of registered agent a poration is eligible to satisfy its Intangible requirement and elects to do so, pria on back)	January 1 - May After May 1, Amended L Make Check Payable	agistered Agent signature requ 1 Fee is \$150.00 Fee is \$550.00 IBR is \$61.25 to Department of S	10. Election Campaign F	~ ~ ~	\$5.00 May Be Added to Fees	
11.	OFFICERS AND	DIRECTORS			4		
TITLE NAME STREET ADDRESS	1949, 7,5 JACQUELINE WORTHY 10343 OLD LAKELAND HUN	1	NAME STREET ADDRESS		*.*	CR2E034B (12/01)	
CITY-ST-ZIP	DAGE CITY FL 335646		CITY-ST-ZIP			348	
TITLE NAME		***	TITLE NAME			ZRZEG:	
STREET ADDRESS CITY-ST-ZIP	_		STREET ADDRESS	•			
TITLE			CITY-ST-ZIP	*			
NAME			TITLE NAME				
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	DO NOT	WRITE	,	
TITLE			TITLE		-		
NAME STREET ADDRESS.			NAME	IN THIS	SPACE		
CITY-ST-ZIP			STREET ADDRESS			<u> </u>	
TITLE			TITLE				
NAME			NAME			. `	
STREET ADDRESS City-St-Zip			STREET ADDRESS CITY-ST-ZIP	% ·			
TITLE		·	TULE			•	
NAME			NAME		•	: 1	
STREET ADDRESS City-St-Zip		Į	STREET ADDRESS				
13 I hereby c	Pertify that the information supplied with a	his filing does as 1 = 15. 6	CITY-ST-ZIP		· '		
indicated of the cor,	certify that the information supplied with to on this report or supplemental report is to poration or the receiver or trustee emport. With an or of the emporation of the control of the c	ins ning does not qualify for the rue and accurate and that my si wered to execute this report as	exemption stated in signature shall have the required by Chapter	Section 119.07(3)(i). Florida Statutes. e same legal effect as if made under (607, Florida Statutes; and that my na	further certify that to bath; that I am an off me appears in Bloc	he information ficer or director ik 11 or on an	