APR-14-01 SAT 10:42 AM SHIRLEY C SOURS INC.

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State
04-30-2001 90055 009 ***150.00

DOCUMENT # P95000021299 (9)

1. Entity Name

DOUBLE T TRUCKING, INC.

Principal Place of Business	Mailing Address
235 WATER WAY CIRCLE PORT CHARLOTTE, FL 33952	3320 ARLINGTON AVENUE UNIT # 5 TOLEDO, OH 43614

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0578198 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DINDYAL, SEODIAL T
235 WATER WAY CIRCLE
PORT CHARLOTTE, FL 33952

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number Is Not Acceptable)

City FL Zip Code

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 ______ 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	DP DINDYAL, SEODIAL T 3320 ARLINGTON AVENUE UNIT #(6) ~~TOLEDO, OH 43614~~	☐ Delete	3320 Arlington Ave #5 Toledo Ohio 43614	☒ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPS DINDYAL, KOWSILLA IVENE 3320 ARLINGTON AVENUE UNIT #(6) ~~TOLEDO, OH 43614~~	☐ Delete	3320 Arlington Ave #5 Toledo Ohio 43614	☒ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Add
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Add

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: Irene Kowsilla Dindyal 4/16/01 (419) 381-1684

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Irene Kowsilla Dindyal