2001 UNIFORM BUSINESS REPORT (UBR)

Apr 10, 2001 8:00 am Secretary of State DOCUMENT # P95000021620 1. Entity Name ELITE TRUCKING, INC. 04-10-2001 90038 044 ***150.00 Principal Place of Business Mailing Address 16535 ALBRIGHT ROAD 16535 ALBRIGHT ROAD SPRING HILL FL 34610 SPRING HILL FL 34610 JUUDOOU 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3300660 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name O'RILEY, FRANK R Street Address (P.O. Box Number is Not Acceptable) 16535 ALBRIGHT ROAD SPRING HILL FL 34610 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 '---Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME O'RILEY, FRANK R NAME STREET ADDRESS STREET ADDRESS 16535 ALBRIGHT ROAD CITY-ST-ZIP CITY-ST-ZIP SPRING HILL FL 34610 Change ☐ Addition ☐ Delete TITLE TITLE O'RILEY, WENDY NAME NAME STREET ADDRESS 16535 ALBRIGHT ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP SPRING HILL FL Change Addition TITLE Delete. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

changed, or on an attachment with an address, with all other like empowered. E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF SIRECTOR

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

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