TUR PRUTII CURPURALIUN **UNIFORM BUSINESS REPORT (UBR)**

FILED Apr 15, 2003 8:00 am Secretary of State **DOCUMENT #** 1. Entity Name 04-15-2003 90095 026 ***150.00 P95000028884 Carl E. Stewart Trucking Service, Inc. DO NOT WRITE IN THIS SPACE 30087176 2. Principal Place of Business 10815 Rockridge Road 3. Mailing Address P.O. Box 4071 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number 3307165 City & State City Plant City, FL Applied For Lakeland, FL Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required --33809 USA 33566 USA 7. Name and Address of Current Registered Agent Carl I. Stewart DO NOT WRITE Street Ordings (ROCKT) dumber is 110 Acceptable) IN THIS SPACE Zip Code 33809 Lakeland 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) January 1 - May 1 Fee is \$150.00 9. This corporation is eligible to satisfy its Intangible After May 1, Fee is \$550.00 Amended UBR is \$61.25 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State Owner OFFICERS AND DIRECTORS 11. TITLE Carl E. Stewart NAME NAME 10815 Rockridge Road STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-TIP. Lakeland, FL 33809 TITLE THLE MAAM MALAF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP. CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-71P-CITY-ST.78 TITLE TITLE. IN THIS SPACE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P TITLE RILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE

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 on an attachment with an address, with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-77P

NAME STREET ADDRESS

CITY-ST-ZIP

CR2E034B (12/01