2000 UNIFORM BUSINESS REPORT (UBR) FILED Apr 25, 2000 8:00 am Secretary of State DOCUMENT # P95000038819 1. Entity Name TOM WAGNER TRUCKING & TRACTOR SERVICE, INC. 04-25-2000 90142 037 ***150.00 Principal Place of Business Mailing Address 1205 32ND STREET 1205 32ND STREET CAPE CORAL FL 33904-3947 CAPE CORAL FL 33914-7040 2. Principal Place of Business 3. Mailing Address 1925 SW llth Place 4925 SW 11th Place Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0557902 Not Applicable Cape Coral, Florida. Cape Coral, Florida \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 33914 33914 IL-S.A 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WAGNER, THOMAS K Street Address (P.O. Box Number is Not Acceptable) 1205 32ND. STREET CAPE CORAL FL 33904-3947 Zip Code City FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (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, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Delete TITLE P Change Addition TITLE WAGNER, THOMAS K. WAGNER, THOMAS K NAME NAME STREET ADDRESS STREET ADDRESS **1205 32ND STREET** 4925 SW 11th Place CITY-ST-ZIP CITY-ST-7IP CAPE CORAL FL 33904-3947 <u> Cape Coral, Florida. 33914</u> KI Change Addition ☐ Delete TITLE TITLE WAGNER; M: DAPHNETE WAGNER, M. DAPHNE NAME STREET ADDRESS **1205 32ND STREET** STREET ADDRESS 4925 SW-11th Place C!TY-ST-ZIP CAPE CORAL FL 33904-3947 CITY-ST-ZIP 33914 CAPE CORAL, FLORIDA. Addition ☐ Delete TITLE Change 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 Addition ☐ Delete ☐ Change TITLE

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.

NAME STREET ADORESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

ED NAME OF SIGNING OFFICER OF DIRECTOR

M. DAPHNE WAGNER

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

☐ Delete

4-20-00

941-945-1050

Addition

Change

Date Daytime Phone #