2000 UNIFORM BUSINESS REPORT (UBR) FILED Sep 15, 2000 8:00 am Secretary of State DOCUMENT # P95000043377 1. Entity Name WABASH TRAILERS OF FLORIDA, INC. 09-15-2000 90020 031 ***550.00 Principal Place of Basiness Mailing Address 6305 MARBELLA BLVD 6305 MARBELLA BLVD APOLLO BEACH FL 33572 APOLLO BEACH FL 33572 AUU/8b/U Principal Place of Business DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3310837 Not Applicable \$8.75 Additional Name and Address of New Registered Agent PLEVEL, JOSEPH J 6305 MARBELLA BLVD APOLLO BEACH FL 33572 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, type (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITI E NAME PLEVEL, JOSEPH J NAME a62 APOLLO BEACH, FL. 33572 STREET ADDRESS 6305 MARBELLA BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP APOLLO BEACH FL 33572 TITLE Delete TITLE PLEVEL, JANEL M NAME NAME 262 Apollo BEACH BLYL I pollo BEACH, FL 33572 STREET ADDRESS 6305 MARBELLA BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP APOLLO_BEACH FL 33572 TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: