## **2003 FOR PROFIT CORPORATION**

## UNIFORM BUSINESS REPORT (UBR) P95000056693 **DOCUMENT #** 1. Entity Name

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May 05, 2003 8:00 am
Secretary of State
05-05-2003 90336 040 ***150 00

PROPRIES MANY TROPS  THE NOVILLE ES STATES  ASSISTANCE OF STATES	JAMES H	. HEEDE TRUCKING, INC.						
Sulle, Apt. II, etc.  Suite. Apt. III, etc.  City & State  City & State  Country  Zip  Country  Zip  Country  Zip  Country  Sic Certificate of Status Desired  Sic Suite. Apt. III, etc.  Sic Certificate of Status Desired  Sic Suite. Apt. III, etc.  Sic Certificate of Status Desired  Sic Suite. Apt. III, etc.  Sic Certificate of Status Desired  Sic Certificate of Novi Registered Agent  Name  City  FL	7685 MARX DRIVE 7685 M		7685 MARX DRIVE					
City & State  Steat Address of New Registered Agent  Name  Name  Name  City FL Zip Code  City FL Zip C	2. Principal Place of Business		3. Mailing Address					
Zip Country Zip Country	Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANG	ES.		
S. Cerincate of Statuta Desired   Five Required.	City & State		City & State		4. FEI Number 65-0603147	<del></del>		
Name	Zip			Country	Fee Requ			
### REEDE, JAMES H 7685 MARX DRIVE FT MYERS FL 33917    City   FL   Zip Code		6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent			
Street Address (PO, Box Number is Not Acceptable)	UEEDE 1	MEC II		Name	Name			
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. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the property of registered agent, or both, in the State of Florida. I am familiar with, and accept the property of registered agent, or both, in the State of Florida. I am familiar with, and accept the property of the state of Florida. I am familiar with, and accept the property of the state of Florida. I am familiar with, and accept the property of the state of Florida. I am familiar with, and accept the state	1			Street Addres	Street Address (P.O. Box Number is Not Acceptable)			
8. The above named entity submits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature Types or printed name of registered agent and title it applicable. (NOTE Registered Agent agenture required where reliating)   DATE	1							
B. 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. I am familiar with, and accept the obligations of registered agent.    SignATURE	FIMYERS	6 FL 33917						
THE DESTANCES CITY-ST-ZP Delate CITY-ST-ZP CITY-ST				City	FL Zip C	ode		
Symalus, your or printed many of registered appert and that all application.   NOTE: Registered Appent signature required when first string.   Symalus, your or printed many of registered 3 per and that all application.   Symalus, your or printed many of the State.								
After May 1, 2003 Fee will be \$550.00 May Be Addet Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 IN IT	SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE							
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like enpowered. JAMES H. HEEDE

SIGNATURE: