2002 UNIFORM BUSINESS REPORT (UBR)

May 28, 2002 8:00 am § Secretary of State P96000025803 DOCUMENT # 1. Entity Name CENTRAL FORKLIFT, INC. 05-28-2002 91783 002 ***150.00 Principal Place of Business Mailing Address 339 BRANDYWINE DR P O BOX 3234 Buitonaa VALRICO FL 33594 **BRANDON FL 33509** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For ~ 59-3369250 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STROUSE, CHARLES S Street Address (P.O. Box Number is Not Acceptable) 339 BRANDYWINE DR VALRICO FL 33594 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITI F ☐ Addition Change NAME STROUSE, CHARLES S NAME 339 BRANDYWINE DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VALRICO FL CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME STROUSE, BARBARA L NAME STREET ADDRESS 339 BRANDYWINE DR STREET ADDRESS CITY-ST-ZIP valrico fl CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

FILED