2001 UNIFORM BUSINESS REPORT (UBR) Apr 30, 2001 8:00 am Secretary of State DOCUMENT # P46000063922 1. Entity Name 4 LESS TRUCKING, INC. 04-30-2001 90055 022 ***150.00 Principal Place of Business Mailing Address 340 W. 28 E ST. 340 W. 2874 ST. RIVIERA BEACH, FL. RIVIERA BEACH, FL. 33404-4411 33404-4411 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO:NOT WRITE IN THIS SPACE 4. FEI Number 65-0691410 City & State City & State Applied For Not Applicable Zip Country 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 VICTOR LUSTER VICTOR LUSTER 741 W. 6T! ST Street Address (P.O. Box Number is Not Acceptable) RIVIERA BEACH, FL. Zip Code **33404** 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 re 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, 2001 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 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 D · P · S · T · D. P·5·ፕ፡ TITLE TITLE Change Addition ☐ Delete SHOW SET ST. VICTOR LUSTER NAME NAME 340 W. 28TH ST. STREET ADDRESS STREET ADDRESS RIVIERA BEACH, FL-33404 RIVIERA BEACH, FL. 33404 CITY-ST-7IP CITY-ST-ZIP Change Addition ☐ Delete TITLE 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 TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition 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 changed, or on an attachment with an address, with all other like empowered. ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR