2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 18, 2000 8:00 am Secretary of State DOCUMENT # P96000077719 1. Entity Name T.S. HUNT TRUCKING, INC. 04-18-2000 90236 037 ***150.00 Mailing Address Principal Place of Business 1229 SW SANTA BARBARA PL 1229 SW SANTA BARBARA PL CAPE CORAL FL 33991 CAPE CORAL FL 33991-2812 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 65-0704423 Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **HUNT. TERRY** Street Address (P.O. Box Number is Not Acceptable) 1229 SW SANTA BARBARA PL CAPE CORAL FL 33991 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 _ (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. 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. \Box 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 12. 11. OFFICERS AND DIRECTORS ☐ Addition PD Change ☐ Delete TITLE TITLE **HUNT. TERRY** NAME 1229 SW SANTA BARBARA PL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CAPE CORAL FL 33991 ☐ Change ☐ Addition Delete TITLE TITLE HUNT, MARILEE NAME NAME 1229 SW SANTA BARBARA PL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CAPE CORAL FL 33991 ☐ Change ☐ Addition TITLE ☐ Delete 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-ZIF ☐ Change ☐ Addition ☐ Delete TITLE TITLE HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE 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.

SIGNATURE:

TWO SHOWED AND THE PLANT OF SIGNING OFFICER OF PRECIOR

4.9.00 941-772.9606

Daytime Phone #

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