FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Apr 18, 2002 8:00 am Secretary of State

3-28-02 941-267-9144 Date Daylime Phone #

DOCUMENT # P96000104187 1. Ertity Name						04-18-2002 90467 010 ***150.00			
DAVID EASTWOOK TRUCKING, INC.									
DO NOT WRITE IN THIS SPACE							DAMP	9 iP• iN •¶	
2. Principal P	lace of Business	3. Mailing Address	. Mailing Address			B0068641			
18383 CAMELLIA RD. 18383 CAMEL			LLIA	LIA RD.		î	t		
Suite, Apt.	Suite, Apt. #, etc.	ite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State	9	City & State			4.	FEI Number		Applied For	
FT. MYERS, FL		FT. MYERS, FL			55-0721090		Not Applicable		
Zip 3391	2 Country	3 3912	Country		5.	5. Certificate of Status Desired \$8.75 Additional Fee Required			
					7. N	ame and Address of Current			
	, to bloom up about "			Name SMITH, WILLIAM R.					
DO NOT WRITE IN THIS SPACE						(P.O. Box Number is Not Acceptable)			
					8191 COLLEGE PARKWAY, SUITE 300				
				arnn (-	FL	Zip Code		
8. The above	named entity submits this statement for	the ouroose of changing its	reaister		MYER!			33919	
	· · · · · · · · · · · · · · · · · · ·	p	- 3		,	3			
SIGNATURE _	Signature, typed or printed name of registered agent an	d ule if applicable. (NOTI	: Registere	d Agent signature n	equired when	reinstating)	DATE		
9. This corpo	oration is eligible to satisfy its Intangible	January 1 - M)	40 Floring Committee Sin		AT 00	
Tax filling requirement and elects to do so. After may 1 Amended Amended			UBR				\$5.00 May Be Added to Fees		
11.	OFFICERS AND D	IRECTORS	_						
TITLE NAME	EASTWOOD, DAVID A.			E				200	
STREET ADDRESS	PM WYPDC PT 22012		NAM STRI	ET ADDRESS				1131	
CITY-ST-ZIP				-ST-ZIP			345		
TITLE			TITL	E		, <u>.</u>		CR2E034B	
NAME CONTRACT ADDRESS			NAM					ت ا	
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP				-	
TITLE			TITL						
NAME			NAM	į.					
STREET ADDRESS	- ····			ET ADDRESS		DO NOT	WDIT.		
CITY-ST-ZIP			CITY	-ST-ZIP					
TITLE NAME			11TL NAM	_		IN THIS S	SPAC	E l	
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP			CITY	-ST-ZIP					
TITLE			πτι	E					
NAME STOLET ADDRESS			NAM	j					
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP					
TITLE			TITL						
NAME	•		NAM						
STREET ADDRESS				ET ADDRESS					
CITY+ST+ZIP				· ST · ZIP					
indicated	ertify that the information supplied with t on this report or supplemental report is t poration or the receiver or trustee empo	rue and accurate and that n	iv siona	ture shall have	the came	legal effect as if made under d	ath that I am	an officer or director	