2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000021956 Apr 21, 2000 8:00 am Secretary of State HOOSIER AUTO TRANSPORT, INC. 04-21-2000 90024 017 ***150.00 Principal Place of Business Mailing Address 601 STARKEY ROAD #270 601 STARKEY ROAD #270 LARGO FL 33771-2865 LARGO FL 33771 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-3452165 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent YELTON, KRISTINA L Street Address (P.O. Box Number is Not Acceptable) 601 STARKEY ROAD #270 LARGO FL 33771 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Addition Change TITLE TITLE ☐ Delete YELTON, KRISTINA L NAME NAME STREET ADDRESS STREET ADDRESS 601 STARKEY ROAD #270 CITY-ST-ZIP CITY-ST-ZIP LARGO FL 33771 Change ☐ Addition ☐ Delete TITLE TITLE YELTON, RANDY D NAME NAME STREET ADDRESS STREET ADDRESS 601 STARKEY ROAD #270 CITY-ST-ZIP. CITY-ST-ZIP LARGO FL 33771-☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. 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

SIGNATURE: