2003 FOR PROFIT CORPORATION

DOCUMENT

Mar 24, 2003 8:00 am § **UNIFORM BUSINESS REPORT (UBR** Secretary of State P97000049201 1. Entity Name 03-24-2003 90656 036 ***150.00 YEAGER LOGISTICS, INC. Principal Place of Business Mailing Address 3570 SW 189TH AVE. P.O. BOX 3329 化阴极电影 化烧液液 **DUNNELLON FL 34432 DUNNELLON FL 34430** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES 4. FEI Number City & State City & State Applied For 59-3462680 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name YEAGER, WILLIAM Street Address (P.O. Box Number is Not Acceptable) 3570 SW 189TH AVE.

3. 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. I am familiar with, and accept the obligations of registered agent.

City

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00

DUNNELLON FL 34432

SIGNATURE

After May 1, 2003 Fee will be \$550.00 Make Check Pavable to Florida Department of State

Signature, typed or printed name of registered agent and title if applicable.

i,

9. Election Campaign Financing Trust Fund Contribution.

FILED

\$5.00 May Be Added to Fees

Zip Code

10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Addition Delete YEAGER, WILLIAM NAME NAME 3570 SW 189TH AVE. STREET ADDRESS STREET ADDRESS DUNNELLON FL 34432 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE HAYES, IRMA NAME NAME 3570 SW 189TH AVE. STREET ADDRESS STREET ADDRESS **DUNNELLON FL 34432** CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition ☐ Delete TITLE 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-7IP ☐ Addition ☐ Delete TITLE ☐ Change 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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.