2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

May 01, 2003 8:00 am Secretary of State P97000060084 DOCUMENT # 1. Entity Name 05-01-2003 90156 036 ***150.00 EVERETT MOTOR LINES, INC. Principal Place of Business Mailing Address 10711 SW 172ND STREET 10711 SW 172ND STREET MIAMI FL 33157 MIAMI FL 33157 2. Principal Place of Business 3. Mailing Address Ó Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State 4. FEI Number 'City & State Applied For 65-0767152 Not Applicable Zip Country Zip 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 Name EVERETT, JOHN Street Address (P.O. Box Number is Not Acceptable) 10711 SW 172ND STREET MIAMI FL 33157 City Zip Code 8. The above named entity subryits/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. SIGNATURE d agent and title it applicable NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE TITLE ☐ Change ☐ Addition ☐ Delete EVERETT, JOHN H NAME NAME STREET ADDRESS 10711 SW 172ND STREET STREET ADDRESS MIAMI FL 33157 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition 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 ☐ Delete TITLE Addition NAME NAME

12. 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 a dress, with all other like empowered

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED