2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 05, 2001 8:00 am Secretary of State DOCUMENT # P9700064678 HUMMINGBIRD TRUCK LINE, INC. 03-05-2001 90358 010 ***150.00 Principal Place of Business Mailing Address 4770 NW 65TH AVE 4770 NW 65TH AVE AUDERHILL FL 33319 LAUDERHILL FL 33319 816391 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0771044 Not Applicable Zip Country 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 BLODIG, GREGORY J Street Address (P.O. Box Number is Not Acceptable) 100 W CYPRESS CREEK RD SUITE 700 FT LAUDERDALE FL 33309 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition SCOTT, DAVID M NAMÉ NAME STREET ADDRESS 4770 NW 65TH AVE STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP LAUDERHILL FL 33319 TITLE ☐ Addition ☐ Detete TITLE Change NAME SCOTT, BEVERLEY A NAME STREET ADDRESS 4770 NW 65TH AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAUDERHILL FL 33319 TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME SCOTT, DONALD NAME STREET ADDRESS 4770 NW 65TH AVE STREET ADDRESS -CITY-ST-ZIP CITY-ST-7IP LAUDERHILL FL 33319 ☐ Delete TITLE Change ☐ Addition 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 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 of the empowered.

CITY-ST-7IP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SCOTT