FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9800026185

1. Entity Name

I-10 TRUCK SALES, INC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 SEP 25 AM 9:45

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1700 ROYAL FERN LANE	1700 ROYAL FERN LANE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ORANGE PARK, FL	City & State: ORANGE PARK, FL
Zip: 32003 Country: USA	Zip: 32003 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3509509 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: SHERYL R. BRADY

Street Address (P.O. Box Number is Not Acceptable): 1700 ROYAL FERN LANE

City: ORANGE PARK, **FL** Zip Code: 32003

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

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee Is $150.00
After May 1 Fee Is $550.00
Amended UBR Is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	STD
NAME	BRADY, SHERYL R
STREET ADDRESS	1700 ROYAL FERN LANE
CITY-ST-ZIP	Orange Park, FL 32003
TITLE	PD
NAME	BRADY, JOHN F III
STREET ADDRESS	1700 ROYAL FERN LANE
CITY-ST-ZIP	Orange Park, FL 32003
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	500023337275
NAME	09/25/03--01022--002 **150.00
STREET ADDRESS	
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TITLE	**DO NOT WRITE**
NAME	**IN THIS SPACE**
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CITY-ST-ZIP	

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Sheryl Brady 9/13/03 $
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 9/25