2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P98000059945 May 03, 2000 8:00 am WEST FLORIDA FREIGHT SERVICE, INC. Secretary of State 05-03-2000 90026 018 ***150.00 Principal Place of Business Mailing Address 4607 9TH AVENUE EAST 4607 9TH AVENUE EAST **BRADENTON FL 34208-5805 BRADENTON FL 34208** 2. Principal Place of Business 3. Mailing Addres Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0850518 Not Applicable \$8.75 Additional 5. Certificate of Status Desired - Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GONZALEZ, DONNA M Street Address (P.O. Box Number is Not Acceptable) 4607 9TH AVENUE EAST **BRADENTON FL 34208** 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. 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 11. 12. ☐ Change ☐ Addition TITLE Delete TITLE GONZALEZ, DONNA M NAME NAME 4607 9TH AVENUE EAST STREET ADDRESS STREET ADDRESS CITY_ST-ZIP CITY-ST-ZIP BRADENTON FL 34208 ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE - 🔲 Addition ☐ Delete TITLE: TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

rith an address, with all other like em