2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P98000062676 SECRETARY OF STAIL HYISION OF CORPORATIONS 1. Entity Name :00 JUL-10 AM 8:59 -OUALIFIED TRUCKING SERVICES, INC Principal Place of Business Mailing Address 12501 PALOMINO CT 6026 BENJAMIN RD TAMPA FL 33626 TAMPA FL 33634 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 59-3524217 Not Applicable \$8.75 Additional Country Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FAUSTO E. BUCHELI Jr Street Address (P.O. Box Number is Not Acceptable)
12501 PALOMINO CT FAUSTO E BUCHELI, Jr 7206 BATTENWOOD CT TAMPA FL 33615 Zip Code 3626 City TAMPA 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. 07/05/2000 PAUSTO E BUCHELI,Jr SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. X Change Addition PSTD PSTD Delete TITLE TITLE JR BUCHELI, FAUSTO E JR NAME BUCHELI, FAUSTO E NAME 7206 BATTENWOOD COURT STREET ADDRESS 12501 PALOMINO CT STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP TAMPA FL 33615 TAMPA FL 33626 Addition TITLE Delete TITLE Change 0000003328660 NAME NAME -07/19/00--01115--018 STREET ADDRESS STREET ADDRESS \*\*\*\*150.00 \*\*\*\*150.00 CITY - ST - ZIP C!TY - ST - ZIP ☐ Addition Delete TITLE Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP 7 Change Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP Addition TITLE Delete TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP Addition TITLE Change TITLE ☐ Delete NAME NAME 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 truetee empoyered 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 adaetiment with an address, with all other like empowered.

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

FAUSTO E BUCHELI,Jr

07/05/2000 813-243-8768

Daytime Phone #

STF FL32381F.1

Mr. Sean Toner, Supervisor Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314

Dear Mr. Toner,

Please abate the \$400 penalty, as I did not receive the Profit Corporation Annual Report to mail back. It probably was mailed to my old address and not forwarded to me by my ex. I have a new business and mailing address. (See form)

Please call me @ 813-243-8768 if you have any questions.

Sincerely Yours,

Fausto E. Bucheli, Jr.