2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000079530 May 16, 2000 8:00 am Secretary of State 1. Entity Name DOUBLE D TRACTOR SERVICES, INC. 05-16-2000 90159 033 ***150.00 Principal Place of Business Mailing Address 31701 SAM COOK RD 31701 SAM COOK RD MYAKKA CITY FL 34251-9124 MYAKKA CITY FL 34251 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 65-0867971 Not Applicable 7in Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DETWEILER, SHELBY J Street Address (P.O. Box Number is Not Acceptable) 31701 SAM COOK RD MYAKKA CITY FL 34251 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 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 se 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 12. OFFICERS AND DIRECTORS 11. Change ☐ Addition TITLE ☐ Delete TITLE DETWEILER, ANTHONY R NAME NAME 31701 SAM COOK RD STREET ADDRESS STREET ADDRESS MYAKKA CITY FL 34251 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE DETWEILER, SHELBY J NAME NAME 31701 SAM COOK RD STREET ADDRESS STREET ADDRESS MYAKKA CITY FL 34251 CITY-ST-ZIP CITY-ST-7IP Delete nπiĒ TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE 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 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 other like empowered.

SIGNATURE:

Shellby J. Detruelly Shellby J. Detweiter 4/25/

4/25/00 941-322-8703