2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # P98000086086 Apr 03, 2000 8:00 am Secretary of State 1. Entity Name RACK-IT TRUCK RACKS INC. 04-03-2000 90114 021 ***150.00 Principal Place of Business Mailing Address 9811 SAN SABASTIAN WAY 9811 SAN SABASTIAN WAY PORT RICHEY FL 34668 PORT RICHEY FL 34668-3536 2. Principal Place of Business 3. Mailing Address 700 HERCULES AUE N Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For 4. FEI Number 59-3536542 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GRAHAM, DAVID Street Address (P.O. Box Number is Not Acceptable) 9811 SAN SABASTIAN WAY PORT RICHEY FL 34668 Zip Code FL statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above pamed entity submits this SIGNATURE e, typed or printed name of registered agent and title if applicable 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, 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 12. 11. ☐ Delete Change ☐ Addition TITLE GRAHAM, DAVID NAME STREET ADDRESS 9811 SAN SABASTIAN WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PORT RICHEY FL ☐ Change ☐ Addition TITI F ☐ Delete TITLE GRAHAM, ADRIENNE NAME NAME STREET ADDRESS 9811 SAN SEBASTIAN WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-7iP PORT RICHEY FL ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Defete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CUTY-ST-7IE 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 eceiver or trustee empowered to execute this report as recoiled 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.