2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

May 22, 2002 8:00 am Secretary of State **FILED** DOCUMENT # P99000012483 1. Entity Name 05-22-2002 90171 018 ***150.00 S. & A. TRUCKING, INC. Principal Place of Business Mailing Address 8061 W. MCNAB RD 8061 W. MCNAR RD FORT LAUDERDALE FL 33321 FORT LAUDERDALE FL 33321 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number 65-0893271 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent YOUNG, SANDRA Street Address (P.O. Box Number is Not Acceptable) 3401 N.W. 6TH COURT FORT LAUDERDALE FL 33311 Zip Code City 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. DATE 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 comporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12 Change ☐ Addition ☐ Delete TITI F TITLE NAME NAME YOUNG, SANDRA STREET ADDRESS STREET ADDRESS 3401 N.W. 6TH COURT CITY-ST-ZIP CITY-ST-7IP FT LAUDERDALE FL 33311 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE 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 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 by 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 other like empowered changed, or on an attachment v n an address, with a

IN DIRECTOR

Date

Daytime Phone #