2000 UNIFORM BUSINESS REPORT (UBR) FILED Apr 10, 2000 8:00 am Secretary of State DOCUMENT # P99000012783 1. Entity Name D & M TRANSPORT, INC. 04-10-2000 90009 015 ***150.00 Principal Place of Business Mailing Address 2311 ROGERS ROAD 2311 ROGERS ROAD LAKELAND FL 33813-3139 LAKELAND FL 33813 3. Mailing Address 2. Principal Place of Business 12311 E. Cornell Ave. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 23 4. FEI Number 91–1950096 Applied For City & State City & State Aurora, CO Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 80014-3323 USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent REHER, DEBORA C Street Address (P.O. Box Number is Not Acceptable) 2311 ROGERS ROAD LAKELAND FL 33813 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 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 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ΡĎ ☐ Change ☐ Addition TITLE ☐ Delete TITLE BATES, DAVID E NAME NAME STREET ADDRESS 6135 QUEENS RD STREET ADDRESS CITY-ST-78 CITY-ST-ZIP **DOUGLASVILLE GA 30135** ☐ Change Addition ☐ Delete TITLE TITLE REHER, DEBORA C NAME STREET ADDRESS STREET ADDRESS 2153 S LEWISTON ST CITY-ST-ZIP CITY-ST-ZIP AURORA CO 80013 ☐ Change ☐ Addition ☐ Delete TITLE TITLE 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-ZIF ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP

TITLE NAME

☐ Delete

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Chiara G. Riker

Debora C. Reher

4-3-00

303-750-4930

Change

☐ Addition

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Daytime Phone #