2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P99000025096 Jul 26, 2000 8:00 am 1. Entity Name Secretary of State DREAMER TRUCKING, INC. 07-26-2000 90008 045 ***150.00 Principal Place of Business Mailing Address 7547 SIKA DEER WAY 7547 SIKA DEER WAY FT. MYERS FL 33912 FT. MYERS FL 33912 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CHAMBLY, JOHN A Street Address (P.O. Box Number is Not Acceptable) 7547 SIKA DEER WAY FT. MYERS FL 33912 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 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 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change ☐ Addition TITLE TITLE ☐ Delete CHAMBLY, JOHN A NAME NAME 7547 SIKA DEER WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT. MYERS FL 33912 CITY-ST-ZIP ☐ Addition ☐ Delete Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7iP CITY-ST-ZIP Addition : Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITI F ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITI F NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.

NULY 14, 2000 A0069759 P991000025096

DEAR KATHERINE HARRIS, SEC. OF STATE,

PLEASE BE ADVISED THAT THIS SECOND NOTICE (WHICH I JUST RECEIVED A FEW DAYS AGO IS THE FIRST TIME THAT I HAVE RECEIVED A FORM LIKE THIS. SINCE I VUST FORMED MY CORPORATION IN 1999 I DID NOT HAVE PREVIOUS KNOWLEDGE OF THIS REGULAGO FILING SO I WAS NOT AWARE OF THE FACT THAT I HAD THE THIS ANNUAL REPORT. ACTUALLY, THIS SECOND NOTICE IS BEALLY MY FIRST NOTICE. THEREFORE, I AM ENCHOSING THE 150. FEE AND ASKING THAT YOU ALL PLEASE WAVE THE PENDITY. NOW THAT I KNOW THAT THERE IS THIS REPORT & FEE I WILL REQUEST A FORM IF I DO NOT RECEIVE ONE SO THAT I CAN PAY IT BEFORE MAY 1. THANKING YOU IN ADVANCE

> SINCERELY, LOUNA, CHAMBLY DREAMER TRUCKING, INC.