2001 UNIFORM BUSINESS REPORT (UBR)

| DOCUMENT # P9900050906 1. Entity Name TRIPLE "H" TRUCKING, INC. | | | | Secretary of State 07-19-2001 90235 031 ***550.00 | | | |
|--|--|---|-------------------------------|---|---|----------------------------|-------------------|
| | , | | | Ü | / | 1 330.00 | , |
| Principal Place of Business 2306 SAN DIEGO AVE FT PIERCE FL 34946 | | Mailing Address 2306 SAN DIEGO AVE FT PIERCE FL 34946 | | | VANTORIA | | |
| | | | | | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | - | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | DO NOT WRITE IN THIS SPACE | | |
| City & State | | City & State | | | 4. FEI Number 65-0925331 Applied For Not Applicable | | |
| Zip | Country | Zip | Country | | 5. Certificate of Status Desired | \$8.75 Add Fee Required | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent Name | | | |
| HENDLEY | , PINKIE | | | | | | |
| 2306 SAN DIEGO AVE | | | | ddress (F | P.O.:Box:Number-is-Not-Acceptable) | | |
| FT PIERCE FL 34946 | | | | | | | |
| City FL Zip C | | | | | | | • |
| 8. The above named entity submits this statement for the purpose of changing is registered office or registered agent, or both, in the State of Florida. | | | | | | | |
| SIGNATURE PINKIE W. HENDIEY Junio V. Hondley 7-11-01. Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | |
| | | , | | | when reinstating) DATE | | |
| 9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) FILE NOW!!! After September 12, 2 Make Check Payable | | | 2001 Fee will b | e \$750.0 | F HUSEFUNG COMMODINON | | May Be to Fees |
| 11. | OFFICERS AND | DIRECTORS | 12. | | ADDITIONS/CHANGES TO OFFICERS AN | D DIRECTORS | S IN 11 |
| TITLE . | D | ☐ Delete | TITLE | | ESIDENT TNRY L. SNEAD | Change | Addition |
| NAME STREET ADDRESS | SNEAD, HENRY 2105 19 AVE #2 | | NAME STREET ADDRESS | | 18 INDRIO RD. #M4 | | |
| CITY-ST-ZIP | VERO BEACH FL 32960 | | CITY-ST-ZIP | | . PIERCE, FL 34951 | | |
| TITLE | D | ☐ Delete | TITLE | ∑E | CRETARY | Change | ☐ Addition |
| NAME STREET ADDRESS | HENDLEY, PINKIE 2306 SAN DIEGO AVE | | NAME STREET ADDRESS | | NKIE W. HENDLEY NG SAN DIEGO AUE | | |
| CITY-ST-ZIP | FT PIERCE FL 34946 | | CITY-ST-ZIP | | · PIERCE, FL 34946 | | } |
| TITLE | D | ☐ Delete | TITLE | | E PRESIDENT | Change | ☐ Addition |
| NAME STREET + DOCESSO | HENDLEY, ROBERT III | | NAME | Ro | BERT HEWDLEY .III | | |
| STREET ADDRESS CITY-ST-ZIP | 2306 SAN DIEGO AVE FT PIERCE FL 34946 | | STREET ADDRESS CITY-ST-ZIP | 26 | ,0 4TH LANE' TRO BEACH, FL 3290 | .5 | { |
| TITLE | | Delete | TITLE | 78 | FASURER | ☐ Change | Addition |
| NAME | | | NAME | | ROME HENDLEY | _ , | |
| STREET ADDRESS CITY-ST-ZIP | | | STREET ADDRESS | | SOG SAN DIEGO AVE | | |
| TITLE | | □ Delete | CITY-ST-ZIP | μ-1 | 4. PIERCE, FL 34940 | <i>p</i> ☐ Change | ☐ Addition |
| NAME | | in Delete | NAME | | • | ☐ Change | Addition |
| STREET ADDRESS | | • | STREET ADDRESS | | • | | } |
| City-St-Zip | | | CITY-ST-ZIP | | | | |
| TITLE NAME | | ☐ Delete | TITLE NAME | | | ☐ Change | ☐ Addition |
| STREET ADDRESS | | | STREET ADDRESS | | n e b be erme | | ļ |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | | } |
| 13. I hereby o | certify that the information supplied with | this filing does not qualify for th | ne exemption stat | ed in Sec | tion 119.07(3)(i), Florida Statutes. I further co | ertify that the in | formation |

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

_ 7-11-01

561-465-1102

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