2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 29, 2000 8:00 am DOCUMENT # **P99000056373** 1. Entity Name Secretary of State PEACE & PLENTY TRANSPORTATION CO., INC. 03-29-2000 90043 006 ***150 00 Principal Place of Business Mailing Address 1170 LEE WAGENER BLVD., STE. 111 1170 LEE WAGENER BLVD., STE. 111 FT. LAUDERDALE FL 33315 FT. LAUDERDALE FL 33315-3561 C0046645 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0936933 Not Applicable Zip Country 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 SHAFFER, KENNETH S Street Address (P.O. Box Number is Not Acceptable) 2130 N.E. 53RD ST. FT. LAUDERDALE FL 33308 City Zin 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, Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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 11. TITLE TITLE PLESIDENT Change Addition Delete NAME BENJAMIN, STANLEY NAME STREET ADDRESS STREET ADDRESS 1170 LEE WAGENER BLVD., STE. 111 CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33315 D Addition TITLE Delete TITLE ☐ Change CIBENE, PAT NAME NAME 1170 LEE WAGENER BLVD., STE. 111 STREET ADDRESS STREET ADDRESS CITY_ST_7/P CITY-ST-7IP FT. LAUDERDALE FL 33315 VICE-PRESIDENT Addition TITLE ☐ Delete TITLE Change BARM BENJAMIN NAME NAME 1170 LOE WAGENER SCUD #111 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIF FORT LANDONDAW, R 33315 ☐ Delete Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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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 truetee simpowered 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:

Parture Cubick 3/21/ou 954-359-9898

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR