2000 UNIFORM BUSINESS REPORT (UBR) Feb 07, 2000 8:00 a1 DOCUMENT # P99000061658 **Secretary of State** 1. Entity Name 02-07-2000 90063 049 ***150.00 ELIJAH TRUCKING, INC. Principal Place of Business Mailing Address 553 SOUTHWEST 11TH STREET 553 SOUTHWEST 11TH STREET HUUTUUUM BELLE GLADE FL 33430-3716 BELLE GLADE FL 33430 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied 4. FEI Number City & State City & State 65093367 Not Country \$8.75 Additions Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SPIEGEL-& UTRERA-P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 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. 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to: Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN OFFICERS AND DIRECTORS 11. ☐ Change TITLE Delete TITLE MCCLORIN, ELIJAH JR. NAME NAME 553 SOUTHWEST 11TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BELLE GLADE FL 33430 CITY-ST-ZIP Change ☐ Delete TITLE TITLE . MCCLORIN, FREDDIE M NAME 553 SOUTHWEST 11TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-7IP BELLE GLADE FL 33430 CITY-ST-ZIP ☐ Change Delete TITLE KEITH, CORA L NAME 553 SOUTHWEST 11TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BELLE GLADE FL 33430 CITY-ST-ZIP Change TITLE . TITLE ☐ Belete ASKINS, BETTY A NAME 553 SOUTHWEST 11TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BELLE GLADE FL 33430** CITY-ST-ZIP ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Delete TITLE NAME STREET ADDRESS STREET ADDRESS 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 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 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

of the corporation of the receiver of trustee empowered to execute this report as required by Chapter out, Pionda statutes, and that my harre appears in Block 17 of changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Eugh McComb Eugh McComb 1-25-00 561-996