2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other

SIGNATURE:

FILED Apr 22, 2000 8:00 am Secretary of State DOCUMENT # P99000089382 TRUST TRUCKING, INC. 04-22-2000 90115 026 ***150.00 Mailing Address Principal Place of Business 5233 CRISFIELD CT. 5233 CRISFIELD CT. ORLANDO FL 32808 ORLANDO FL 32808-1723 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 36 00 Y 3*.*2 Not Applicable Country \$8.75 Additional Zip Country Zip. 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HUNTER, EDDIE D JR. Street Address (P.O. Box Number is Not Acceptable) 5233 CRISFIELD CT. ORLANDO FL 32808 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 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 OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **PVST** ☐ Change ☐ Addition ☐ Delete TITLE TITLE HUNTER, EDDIE D JR. NAME NAME STREET ADDRESS 5233 CRISFIELD CT. STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32808 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE HUNTER, EDDIE D JR. NAME NAME 5233 CRISFIELD CT. STREET ADDRESS STREET ADDRESS CITY-ST-7IF ORLANDO FL 32808 CITY-ST-ZIP ☐ Addition Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.