2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # May 12, 2000 8:00 am Secretary of State 1990000 92595 FLORIDA CARTAGE, INC. ₱.O. Box 9 Belle Glade, Fl. 33430 05-12-2000 90856 024 ***158.75 Mailing Address Principal Place of Business P.O. Box 9 900 N.W. 9th Street Belle Glade, Fl. 33430 Belle Glade, Fl. 33430 3. Mailing Address Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0986507 Not Applicable Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ROBERT J. FLOWERS CPA Street Address (P.O. Box Number is Not Acceptable) 40 E. Osceola Street 34994 Stuart, Fl. Zin Code 3. 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS Addition Change TITLE TITLE Delete Ъ, Jeanne T. Woodard NAME NAME Ę 1024 S.E. 3rd. St. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Belle Glade, Fl. 33430 CITY-ST-ZIF ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-7IP ☐ Change ■ Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition 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 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 ment with an address, with all other like empowered. changed, or on an attack Jeanne T. Woodard 4/26/00 561-996-9401