2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR

Apr 25, 2001 8:00 am Secretary of State DOCUMENT # P99000100468 PREFERRED SHIPPING OF AMERICA, INC. 04-25-2001 90038 035 ***150.00 Principal Place of Business Mailing Address 168 GOVERNORS ROAD 168 GOVERNORS ROAD PONTE VEDRA BEACH FL 32082 PONTE VEDRA BEACH FL 32082 3. Mailing Address 4244 Phillips Hyhwai 2. Principal Place of Business 4344 Phillips Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For APPLIED FOR Lackson Jacksonu. He 59-3611350 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 32207 32207 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FLOWERS, CHRISTIAN Street Address (P.O. Box Number is Not Acceptable) **168 GOVERNORS ROAD** PONTE VEDRA BEACH FL 32082 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. (NOTE: Registered Agent signature required whon 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Τ1Τι Γ n ☐ Delete TiTi F ☐ Chance Addition FLOWERS, CHRISTIAN NAME MAME STREET ADDRESS. 168 GOVERNORS ROAD STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP PONTE VEDRA BEACH FL 32082 TITLE ☐ Delete TITLE Change Addition FLOWERS, GEORGE NAME MAME **168 GOVERNORS ROAD** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PONTE VEDRA BEACH FL 32082 CiTY-ST-ZIP TATALE Delete TiTi F Addition LUKENBACH, STEVE NAME MAME **168 GOVERNORS ROAD** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-7IP PONTE VEDRA BEACH FL 32082 Delete HILL TITLE ☐ Change Addition COLLACK, RANDY NAME NAME **168 GOVERNORS ROAD** STREET ADDRESS STREET ADDRESS PONTE VEDRA BEACH FL 32082 CHY-ST-7P CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADORESS COY-ST-712 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME MAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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.

FILED