2001 UNIFORM BUSINESS REPORT (UBR) May 17, 2001 8:00 am DOCUMENT # TO 497 Secretary of State 05-17-2001 91325 045 ***150.00 THUNDER TRUCK BROKERAGE, INC. Principal Place of Business 3355 Beared Avenue 14909 SR60 E Unit B Lake Walls F1 33853 2. Principal Place of Business 3. Mailing Address 4907 5R 60 E DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 59 -360 9279 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Walter Sanders 3355 BENUS AVE Tampa, Florida 33618 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 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITI E Change ☐ Addition TITLE ☐ Delete Meyer, Denois 14907 5 R 60 E Unit B Lake Wales, F1 33853 Meyer Dennis 14907 SR60 E AnitB NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition STREET-ADDRESS: 01. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 1.7 ♣ □ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change 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 changed, or on an attachment with an address, with all other like empowered

CER OR DIRECTOR

Daytime Phone #

SIGNATURE: