2001 UNIFORM BUSINESS REPORT (UBR)

Aug 14, 2001 8:00 am Secretary of State P99000103087 DOCUMENT # 1. Entity Name 08-14-2001 90013 001 ***150.00 EFIRD'S TRACTOR SERVICE, INC. 08-14-2001 90013 002 ***400.00 Principal Place of Business Mailing Address 1671 BEASLEY DRIVE 1671 BEASLEY DRIVE TITIOT DELAND FL 32720 DELAND FL 32720 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3616892 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FEFIRD JERRY L-JR-Street Address (P.O. Box Number is Not Acceptable) 1671 BEASLEY DRIVE DELAND FL 32720 City Zip Code 8. The above name entity st bmits this statement for the pyrpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 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 September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PT CR2E034 (5/01) TITLE ☐ Delete TITLE Change Addition NAME EFIRD, JERRY NAME STREET ADDRESS 1671 BEASLEY DR STREET ADDRESS DELAND FL 32720 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete Change NAME EFIRD, ANGELA NAME STREET ADDRESS 1671 BEASLEY DR STREET ADDRESS CITY-ST-ZIP DELAND FL 32720 CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 11 % CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME ΝΔΜΕ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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 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

of the corporation or the rec changed, or on an attachre

SIGNATURE:

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	6. Name an	d Address of Current Re	gistered Agent			7. 1	Name and Address of New Registers	d Agent		
EFIRE	D: JERRY L'UF		سدارا استسللت والاساسا].	Name		<u> </u>			
1671	BEASLEY DR				Street Address	(P.O. ā	Box Number is Not Acceptable)			
DELA	ND FL 32720									
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8. The acove	named entity)	iomits this statement fact	recording of changing is	registere	d oifice or registe	ered ag	gent, or both, in the State of Florida.	_		
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	Signature, ruped of c	rintAg hame of requistered agent and	· · · · · · · · · · · · · · · · · · ·		Agent signature regula	ed Anen n	einstatings 241			
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