2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 15, 2000 8:00 am Secretary of State **DOCUMENT # \$46083** P.J. MORALES TRUCKING, INC. 03-15-2000 90081 041 ***158.75 Principal Place of Business Mailing Address 28425 LINDENHURST DR 28425 LINDENHURST DR ZEPHYRHILLS FL 33544-2863 ZEPHYRHILLS FL 33544 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3078522 Not Applicable \$8.75 Additional Country Zio Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MORALES, PEDRO Street Address (P.O. Box Number is Not Acceptable) 28425 LINDENHURST DRIVE ZEPHYRHILLS FL 33544 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. 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. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Vise Pracident Change Addition n ☐ Delete TITLE TITLE Severa Morales 28425 Linden hurst dr. Zephynhills, FL, 33.544 MORALES, PEDRO NAME NAME 28425 LINDENHURST DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ZEPHYRHILLS FL CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE MORALES, MARIA J NAME NAME 28425 LINDENHURST DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ZEPHYRHILLS FL CITY-ST-ZIP □ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE

13. I 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 of the 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 address, with all other like empowered

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

rat. Monales 3-10-00 813-973-5