2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 01, 2000 8:00 am Secretary of State **DOCUMENT # S64415** 1. Entity Name GREG WHITTIER TRUCKING, INC. 03-01-2000 90016 008 ***150.00 Principal Place of Business Mailing Address 1251 MUSTANG ST. 1251 MUSTANG STR NOKOMIS FL 34275 NOKOMIS FL 34275-3256 บร 2. Principal Place of Business 3. Mailing Address 221 Laurel DAKS Rd. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0270492 Komis Not Applicable Country \$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 WHITTIER, GREG R. Street Address (P.O. Box Number is Not Acceptable) 1251 MUSTANG ST NOKOMIS FL 34275 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 when 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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12, 11. DITE ☐ Delete TITLE ☐ Addition WHITTIER, GRREG R. NAME NAME 221 Lawrel OAKS Rd 1251 MUSTANG ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **NOKOMIS FL** angeہنے TITLE ☐ Delete TITLE Addition NAME WHITTIER, JANEY NAME 221 Laurel OAKS Rd STREET ADDRESS 1251 MUSTANG ST. STREET ADDRESS CITY-ST-ZIP **NOKOMIS FL** CITY-ST-ZIP TITI F Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7(P CITY-ST-7IP Сhange ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS DIT : ST-ZIP CITY-ST-ZIP THLE ☐ Delete TITLE Change ☐ Addition NAME CHEEK SOMESS STREET ADDRESS ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE STREET ADDRESS

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.

CITY-ST-ZIP

MENATURE /

ST-ZIP

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

2/22/03

-941-485-362

Daytime Phone #