Change

☐ Addition

2002 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 30, 2002 8:00 am Secretary of State DOCUMENT # V06967 1. Entity Name 04-30-2002 90184 042 ***158 VERO TRUCK AND AUTO SALES, INC. Principal Place of Business Mailing Address 2360 U.S. 1 2360 U.S. 1 VERO BEACH FL 32960 VERO BEACH FL 32960 2. Principal Place of Business 3. Mailing Address Colonial BR DONIAL DA Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number ORLAN A Not Applicable ORANGE \$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 Name VAN DER PUY, JEFFREY A Street Address (P.O. Box Number is Not Acceptable) 518 WHITE RIVER DR ORLANDO FL 32828 Zip Code City FL 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 Signature, typed or printed name of registered agent and title if applicable. (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, 2002 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 ☐ Delete TITLE Change TITLE ☐ Addition NAME NAME VAN DER PUY, JEFFREY A STREET ADDRESS STREET ADDRESS 518 WHITE RIVER DR. CITY-ST-ZIP CITY-ST-7IP ORLANDO FL 32828 ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME VAN DER PUY, PAMELA S STREET ADDRESS STREET ADDRESS 518 WHITE RIVER DR. CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32828 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS

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

CITY-ST-ZIP TITLE

STREET ADDRESS

CITY-ST-ZIP

NAME

☐ Delete

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

aren A. Van Den Ruy ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR