FILED
AMENDED AM 8:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 421358

1. Entity Name
SUN TOYOTA, INC.

Principal Place of Business	Mailing Address
4023 U S 19 P.O. BOX 2105 NEW PORT RCHY, FL 34652-5946	4023 U S 19 P.O. BOX 2105 NEW PORT RCHY, FL 34652-5946

500020323035
06/03/03--01007--021 **61.25

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 59-1457344 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CADWELL, JEFFREY P
4023 US HWY 19
NEW PORT RCHY, FL 34652

7. Name and Address of New Registered Agent

Name: LELAND DWANE JOHANSEN
Street Address (P.O. Box Number is Not Acceptable): 4023 US HWY 19
City: NEW PORT RICHEY FL Zip Code: 34652

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] LELAND DWANE JOHANSEN, VP 5/14/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

[illegible]

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS / **11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	P	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CADWELL, JEFFREY P		NAME	
STREET ADDRESS	4023 US HWY 19		STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RCHY, FL 00000, 34652		CITY-ST-ZIP	
TITLE	V	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CADWELL, CONNIE		NAME	
STREET ADDRESS	4023 US HWY 19		STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RCHY, FL 00000, 34652		CITY-ST-ZIP	
TITLE	SV	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CADWELL, CONNIE		NAME	
STREET ADDRESS	4023 US HWY 19		STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RCHY, FL 00000, 34652		CITY-ST-ZIP	
TITLE	T	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CADWELL, JEFFREY P		NAME	
STREET ADDRESS	4023 US HWY 19		STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RCHY, FL 00000, 34652		CITY-ST-ZIP	
TITLE	V	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	JOHANSEN, LELAND DWANE		NAME	
STREET ADDRESS	4023 US HWY 19		STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] JEFFREY CADWELL 5/14/03 727-842-9735
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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