## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # 498589 May 13, 2000 8:00 am Secretary of State KEN PHILLIPS AUTO SALES, INC. 05-13-2000 90028 029 \*\*\*150.00 Mailing Address Principal Place of Business 1921 NORTH DIXIE HIGHWAY 1921 NORTH DIXIE HIGHWAY POMPANO BEACH FL 33060-5045 POMPANO BEACH FL 33060-5045 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1650925 Not Applicable Zip Country Zip Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SHOEMAKER, RICHARD L CPA Street Address (P.O. Box Number is Not Acceptable) 4331 N FEDERAL HWY SUITE 405 FT. LAUDERDALE FL 33308-5254 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 DATE 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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS ☐ Addition TITLE PSD Delete TITLE NAME NAME PHILLIPS, KENNETH E. STREET ADDRESS STREET ADDRESS 5030 NE 26 TERR CITY-ST-ZIP CITY-ST-ZIP LIGHTHOUSE POINT FL 33064 Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition \_\_\_ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP tion 119.07(3)(i), Florida Statutes. I further certify that the information ame legal effect as if made under oath; that I am an officer or director Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information supplied with this filing does not qua indicated on this report or supplemental report is true and accurate any of the corporation or the receiver or trustee empowered to execute this changed, or on an attachment with an address, with all the like empower. he exemption stated in Sa signature shall have th