FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Apr 18, 2002 8:00 am § Secretary of State DOCUMENT # 506039 1. Entity Name 04-18-2002 90529 001 ***300.00 BUCK-MAN'S AUTO CARE, INC. Principal Place of Business Mailing Address 7707 ELLIS ROAD 7707 ELLIS ROAD WEST MELBOURNE FL 32904-1187 WEST MELBOURNE FL 32904-1187 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1677524 Not Applicable 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 TURMAN, JAMES L. Street Address (P.O. Box Number is Not Acceptable) 7707 ELLIS ROAD W. MELBGOURNE FL 32905 City 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. 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Change ☐ Addition TITLE Delete TITLE NAME. TURMAN, JAMES L. MAME STREET ADDRESS 7707 ELLIS ROAD STREET ADDRESS CITY-ST-ZIP W. MELBOURNE FL CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME TURMAN, JULIE STREET ADDRESS 7707 ELLIS ROAD STREET ADDRESS CITY-ST-ZIP W. MELBOURNE FL CITY-ST-ZIP TITLE Delete... NAME TURNER, JILL L. NAME STREET ADDRESS 2817 RHEIMS AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MELBOURNE FL Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

changed, or on an attachment with an

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

dress, with all other like.