

2001 UNIFORM BUSINESS REPORT (UBR)

\$ 141.25 See new # 11

0001808 AF

DOCUMENT # A98000001214
 1. Entity Name
 LACEY ENTERPRISES, LTD. *Honda*

FILED
 01 APR -4 AM 9:06

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 2655 NORTH VOLUSIA AVENUE, ORANGE CITY FL 32774
 Mailing Address: 2655 NORTH VOLUSIA AVENUE, ORANGE CITY FL 32774

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: _____
 City & State: _____
 Zip: _____ Country: _____
 Zip: _____ Country: _____

4. FEI Number: **59-3513868**
 Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
HUMPHRIES, J. GREGORY
~~20 NORTH ORANGE AVENUE/SUITE 1000~~ 300 S. Orange Ave
 ORLANDO FL 32801-4626/ 3373

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ FL 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

9. Capital Contributions as Shown on record: **\$1,000.00**
 10. Amount of Capital Contributions in FLORIDA to date: _____
 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	P98000040001
NAME	LACEY AUTOMOTIVE IMPORTS, INC.
STREET ADDRESS	2655 NORTH VOLUSIA AVENUE
CITY-ST-ZIP	ORANGE CITY FL 32774
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	700004035097--0
CITY-ST-ZIP	-04/20/01--01053--018 ****141.25 ****141.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *[Signature]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER** Edward T. Lacey
 Date: 3/30/01 Daytime Phone #: 386 775 1000

CP2E003 (11/00)