2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE (SIGNAT

FILED Feb 06, 2001 8:00 am Secretary of State **DOCUMENT # G47578** 1. Entity Name BROWARD GEAR & DRIVELINE, INC. 02-06-2001 90226 041 ***150.00 Principal Place of Business Mailing Address % DANNY VAN CAMP 4812 TAFT ST 211 SW 29TH STREET HOLLYWOOD FL 33021-4035 FT. LAUDERDALE FL 33315 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2302930 Not Applicable Zip Country \$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 DANNY VAN CAMP ... Street Address (P.O. Box Number is Not Acceptable) 211 SW 29TH STREET FT. LAUDERDALE FL 33315 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 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, 2001 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 TITLE ☐ Addition ☐ Change NAME VAN CAMP, DANNY NAME STREET ADDRESS 211 SW 29TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-712 CITY-ST-ZIP TITLE ☐ Delete TITLE - Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 changed, or on an attachment with an address, with all other like empowered.

S. DANNY R. VAN CAMP J. 1-01
GNING OFFICER OR DRECTOR