2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000018336

1. Entity Name

FAST FORWARD AUTOMOTIVE, INC.

FILED
Apr 17, 2000 8:00 am
Secretary of State
04-17-2000 90150 012 ***150.00

Principal Place of Business	Mailing Address
3038 N JOHN YOUNG PKWY STE 31 ORLANDO FL 32804 US	P. O. BOX 681835 ORLANDO FL 32868-1835 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
	P.O. Box 540564
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Orlando FL
Zip / Country	Zip: 32854 / Country: USA

4. FEI Number 59-3166021 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BROWNLEE, M E 2401 DINNEEN AVENUE ORLANDO FL 32804	Name: SAME Street Address (P.O. Box Number is Not Acceptable): 3038 N John Young PKwy #31 City: Orlando FL Zip Code: 32804

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 Brownlee, ME. x [signature] DATE 4/6/00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWNLEE, M E 600 NICOLE BLVD OCOEE FL 34761	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OCILKA, ROY L 1214 RUSSELL DR. OCOEE FL 34761	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/99)

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 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.

SIGNATURE: x SIGNATURE REQUIRED [signature] 4/6/00 407 521-8889

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #