4/9/02

FILED
May 12, 2002 8:00 am
Secretary of State

04-09-2002 90078 023 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000025025

1. Entity Name

VH AUTOMOTIVE WHOLESALE, INC.

[redacted]

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
9355 YELLOW LAKE DR.	9355 YELLOW LAKE DR.
NEW PORT RICHEY FL 34654	NEW PORT RICHEY FL 34654

2. Principal Place of Business		3. Mailing Address	
6818 Graphic Dr.		6818 Graphic Dr.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Port Richey Florida		City & State: Port Richey Florida	
Zip: 34668	Country: Pasco	Zip: 34668	Country: Pasco

4. FEI Number 59-3230860 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HAND, VICTOR J
9355 YELLOW LAKE DR.
NEW PORT RICHEY FL 34654

7. Name and Address of New Registered Agent

Name: Victor J. Hand
Street Address (P.O. Box Number is Not Acceptable): 6818 Graphic Dr.
City: Port Richey FL Zip Code: 34668

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

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, 2002 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 HAND, VICTOR J 9355 YELLOW LAKE DR. NEW PORT RICHEY FL 34654	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HAND, VICTOR J. 6818 Graphic Dr. Port Richey FL 34668	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (9/01)

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: SIGNATURE REQUIRED Victor J. Hand — April-2-2002 — (727-808-7120)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #