

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90196 032 ***150.00

DOCUMENT # P95000077150

1. Entity Name
SAVINO AUTOMOTIVE, INC.

Principal Place of Business 744 S. NOVA ROAD DAYTONA BEACH FL 32114	Mailing Address 744 S. NOVA ROAD DAYTONA BEACH FL 32114-5140
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3373980** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

HARRIS, PHILLIP D
457 RIDGEWOOD AVE. SOUTH
DAYTONA BEACH FL 32114

7. Name and Address of New Registered Agent

Name: Phillip D. Harris

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. 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

TITLE	PD <input type="checkbox"/> Delete
NAME	SAVINO, DOMINIC
STREET ADDRESS	2019 MIKE STREET
CITY-ST-ZIP	SOUTH DAYTONA FL 32119
TITLE	VP <input type="checkbox"/> Delete
NAME	SAVINO, MARK
STREET ADDRESS	4320 WHITING WAY
CITY-ST-ZIP	EDGEWATER FL 32141
TITLE	SD <input type="checkbox"/> Delete
NAME	SAVINO, JOHN
STREET ADDRESS	1401 SP. CLYDS MORRIS BLVD., #58
CITY-ST-ZIP	DAYTONA BEACH FL 32114
TITLE	TD <input type="checkbox"/> Delete
NAME	SAVINO, ALICE
STREET ADDRESS	2019 MIKE STREET
CITY-ST-ZIP	SOUTH DAYTONA FL 32119
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SD
STREET ADDRESS	Savino, John Ave.
CITY-ST-ZIP	1343 Benders Ave. Holly Hill, Fla. 32117
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 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 an other like empowered.

SIGNATURE: John S. Savino **Date** 4/28/00 **Daytime Phone #** 904-258-1242

CR2E034 (9/99)