## 2001 UNIFORM BUSINESS REPORT (UBR) FILED May 05, 2001 8:00 am Secretary of State **DOCUMENT # V06130** 1. Entity Name FLORIDA USED KAR KING, INC. 05-05-2001 90237 001 \*\*\*300.00 Mailing Address Principal Place of Business 110 CROTON PLACE 13046 82ND LN N W PALM BCH FL 33412 LANTAMA FL 33462 41395 US 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0306240 Not Applicable Country \$8.75 Additional Country Zip Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MENNELLA, HELEN Street Address (P.O. Box Number is Not Acceptable) 13046 82ND LANE NORTH WEST PALM BEACH FL 33412 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** DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition TITLE Delete RONALD Tergis 13046 82nd Lane N. NAME MENNELLA, JANET NAME STREET ADDRESS 3705 SHARES PLACE STREET ADDRESS W. facm Beach, FL 33412 CITY-ST-ZIP CITY-ST-ZIP **RIVIERA BEACH FL 33404** Addition Change TITLE ☐ Delete NAME NAME MENNELLA, HELEN STREET ADDRESS STREET ADDRESS 13046 82ND LANE NORTH CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33412 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change : ☐ Addition ☐ Delete TITLE MARKE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIE ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Addition ☐ Change ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 all other like empowered 4/26/01

SIGNATURE: