2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

NOTYPED OR PRINTED NAME OF

SIGNATURE:

DOCUMENT # **P99000061959** Mar 13, 2000 8:00 am **Secretary of State** MUNRO MOTORS, INC. 03-13-2000 90002 009 ***150.00 Principal Place of Business Mailing Address 2301 W. COLUMBUS DRIVE 2301 W. COLUMBUS DRIVE TAMPA FL 33607-1641 TAMPA FL 33607 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number 59-3588865 Applied For City & State City & State Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PITTINI, BRUNO V Street Address (P.O. Box Number is Not Acceptable) 2301 W. COLUMBUS DRIVE **TAMPA FL 33607** 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 Signature, typed or printed name of registered agent and title if applicable 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, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. SPD Change ☐ Addition ☐ Delete TITLE PITTINI, BRUNO V MAME 2301 W. COLUMBUS DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33607** CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE MELILLO, JUANA R NAME STREET ADDRESS STREET ADDRESS 2301 W. COLUMBUS DRIVE CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33607** Addition Change . Dalete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. Thereby certify that the information supplied with this filling 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 reflexive 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