| NEIGHBOR, CAROLYN CSR 15640 WESTMINISTER AVE CLEARWATER, FL 33760 US | | | | |
|--|--|-----------------|-----------------------|------------|
| 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 | CAROLYN NEIGHBOR | | | 04/07/2021 |
| | Electronic Signature of Registered Agent | | | Date |
| Officer/Director Detail : | | | | |
| Title | Р | Title | SECRETARY | |
| Name | NEIGHBOR, CAROLYN CSR | Name | MONAHAN, CHRISTINE L | |
| Address | 15640 WESTMINISTER AVE | Address | 5541 CRESTMONT STREET | |
| City-State-Zip: | CLEARWATER FL 33760 | City-State-Zip: | CLEARWATER FL 33760 | |
| | | | | |

Current Mailing Address:

1099 49TH STREET SOUTH GULFPORT, FL 33707

DOCUMENT# P10000071103

Current Principal Place of Business:

1099 49TH STREET SOUTH GULFPORT, FL 33707

FEI Number: 27-3378306

Name and Address of Current Registered Agent:

NEIGHBOR CAROLVN COD 15 A١ C

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CAROLYN NEIGHBOR

PRESIDENT

04/07/2021

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: No

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Entity Name: GULFPORT AUTO & TRUCK REPAIR INC

Date