2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

May 08, 2000 8:00 am Secretary of State **DOCUMENT # 359772** 05-08-2000 90107 047 ***150.00 GLOBE AUTO IMPORTS, INC. Principal Place of Business Mailing Address 9525 ULMERTON RD 55.5 ULMERTON RD 1000 FL 34641 LARGO FL 33771-3605 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1283141 Not Applicable Zip 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 Name MCFREDERICK, PATSY Street Address (P.O. Box Number is Not Acceptable) 9525 ULMERTON RD LARGO FL 34641 Zip Code City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 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 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 E0:34 9/99 ☐ Delete TITLE TITLE MCFREDERICK, PATSY NAME NAME STREET ADDRESS 9525 ULMERTON RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LARGO FL Delete TITLE ☐ Change Addition TITLE MCFREDERICK, PATSY NAME 9525 ULMERTON RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LARGO FL Addition. ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE 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.

FILED