2001 UNIFORM BUSINESS REPORT (UBR)

Apr 27, 2001 8:00 am Secretary of State **DOCUMENT # 390333** 1. Entity Name V & C TIRE & AUTO CENTER, INC. 04-27-2001 90362 021 ***150.00 Principal Place of Business Mailing Address 319 EAST BOYNTON BEACH BLVD. 319 EAST BOYNTON BEACH BLVD. **BOYNTON BEACH FL 33435** H0039881 BOYNTON BEACH FL 33435 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1365345 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VIOLETTE, FREDERICK J. Street Address (P.O. Box Number is Not Acceptable) 319 E. BOYNTON BEACH BLVD. **BOYNTON BEACH FL 33435** 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 Signature, typed or or nted 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 Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. PD CR2E034 (10/00) ☐ Delete Change Addition TITL F VIOLETTE, FREDERICK J. NAME 319 E BOYNTON BCH RD STREET ADDRESS STREET ADDRESS CITY - Si-ZIP CITY-ST-ZIP **BOYNTON BEACH FL** VSTD Addition TITLE ☐ Delete TITLE Change NAME VIOLETTE, KATHLEEN C NAME STREET ADDRESS STREET ADDRESS 319 E BOYNTON BCH BLVD CITY-ST-ZIP DITY-ST-7IP BOYNTON BEACH FL ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE Change ___ Addition TITLE ☐ Delete NAME NAME STREET AUDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP □ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Deiete TITLE Addition TITLE NAME NAME STREET ADDRESS 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 all other like empowered