## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 27, 2001 8:00 am Secretary of State DOCUMENT # 398203 AUTO CENTER MANUFACTURING CO 04-27-2001 90331 013 \*\*\*158.75 Principal Place of Business Mailing Address ONE WALL STREET ONE WALL STREET MERRITT ISLAND FL 32952 MERRITT ISLAND FL 32952 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-1384557 Not Applicable Zip Country Country Zip \$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 MCLEOD.MARTHA Street Address (P.O. Box Number is Not Acceptable) ONE WALL STREET MERRITT ISLAND FL 32952 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 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 Bo 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 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change MCLEOD, MARTHA NAME NAME STREET ADDRESS ONE WALL ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MERRITT ISLAND FL ☐ Delete TITLE ☐ Addition TITLE ☐ Chance NAME MCLEOD, MARTHA NAME STREET ADDRESS ONE WALL STREET STREET ADDRESS CITY-ST-ZIP MERRITT ISLAND FL 32952 ☐ Delete 71TLE ☐ Chance Addition THUS NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY ST-ZP CITY-ST-ZIP Addition 7171.5 ☐ Delete nni s □ Change NAME NAME STREET ACCRESS STREET ADDRESS CITY-ST-ZIP C!TY-ST-ZIP Addition ☐ Change TITLE ☐ Delete TiTLE NAME NAME STREET ADDRESS STREET ADORESS CITY ST ZIP CIY-S1 ZIP ☐ Delete ☐ Change Addition TIT: F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P 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)(1), 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 eath; that I am an efficer or circotor 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.

Y-23-01 321-452-1000