FILED

2002 UNIFORM BUSINESS REPORT (UBR)

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: 1

Mar 22, 2002 8:00 am **DOCUMENT #** 463156 **Secretary of State** 1. Entity Name 03-22-2002 90029 041 ***150.00 JIM CLAMPETT'S AUTO SERVICE'S INC. Principal Place of Business Mailing Address P.O. BOX 1882 4527 U.S. HWY. 90 W HUU4661U LAKE CITY FL 32055 2. Principal Place of Business 3. Mailing Address 4527 U.S. Hwy. 90 W. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-1553723 ake <u>City</u> Not Applicable Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 32055 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CLAMPETT, JAMES L Street Address (P.O. Box Number is Not Acceptable) 4527 U.S. HWY. 90 W LAKE CITY FL 32055 City 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) DATE 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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. Change CR2E034 (9/01) TITLE ☐ Delete TITLE ☐ Addition CLAMPETT, JAMES L NAME Clampett, James L. 4527 U.S. Hwy. 90 W. 4527 U.S. HWY, 90 W STREET ADDRESS STREET ADDRESS LAKE CITY FL 32055 CITY-ST-ZIP CITY-ST-ZIP Lake City FL 32055 TITLE ☐ Delete TITLE Change ☐ Addition P,S NAME CLAMPETT, DONNA K NAME Clampett, Donna K. STREET ADDRESS 15624 - 45TH DR. STREET ADDRESS 15624 - 45th Dr. WELLBORN FL. CITY-ST-ZIP CITY-ST-ZIP Wellborn Fl 32094 TITLE ۷P Delete TITLE ☐ Change Addition CLAMPETT, JAMES C NAME NAME STREET ADDRESS 4527 U.S. HWY. 90 W STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE CITY FL 32055 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition 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