2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 21, 2000 8:00 am **DOCUMENT #515329** Secretary of State HUNT'S MOTORS, INC. 01-21-2000 90047 010 ***150.00 Principal Place of Business Mailing Address % CECIL V. HUNT CECIL V. HUNT 1902 BLANDING BLVD. 1902 BLANDING BLVD. AUUU6541 JACKSONVILLE FL 32210 JACKSONVILLE FL 32210-3202 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1714609 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HUNT. CECIL V. Street Address (P.O. Box Number is Not Acceptable) =1902 BLANDING BLVD. JACKSONVILLE FL 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 (See criteria on back) ... Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Change ☐ Addition TITLE ☐ Defete TITLE HUNT, HAYES, H NAME NAME STREET ADDRESS 1902 BLANDING BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE, FL 0 ☐ Addition Delete ☐ Change TITLE HUNT, CECIL V NAME STREET ADDRESS 1902 BLANDING BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP JACKSONVILLE, FL 0 ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME -NAME -STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

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