2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

SIGNATURE:

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Mar 20, 2003 8:00 am Secretary of State **DOCUMENT #** 536416 1. Entity Name 03-20-2003 90155 021 ***150.00 SCRUGGS MOTOR COMPANY, INC. Principal Place of Business Mailing Address 2407 REID STREET 10042330 2407 REID STREET PALATKA FL 32177-2803 PALATKA FL 32177-2803 2. Principal Place of Business 3. Mailing Address Suite, Apt. # etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-1754253 Not Applicable Zip =Country== ≃=Zio== == Gountry======= 5. Certificate of Status Desired \$8:75 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SCRUGGS, JOSEPH D. Street Address (P.O. Box Number is Not Acceptable) 2407 REID ST., RT 5, BOX 1857 PALATKA FL 32077 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. I am familiar with, and accept the obligations of registered agent. 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 After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change NAME. Addition scruggs; dottie e. NAME STREET ADDRESS 2407 REID ST. .. STREET ADDRESS CHY-ST-ZIP PALATKA FL 32177 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change NAME Addition SCRUGGS, JOSEPH D. NAME STREET ADDRESS 2407 REID ST. STREET ADDRESS CITY-ST-ZIP PALATKA FL 32177 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TILLE TO THE NAME: NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 12. I hereby certify that the information supplied with this filling 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 truetee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

Daytime Phone #

Date

FILED