2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # 557060** Feb 20, 2000 8:00 am **Secretary of State** PIGGY POPPINS, INCORPORATED 02-20-2000 90029 037 ***150.00 Principal Place of Business Mailing Address PIGGY POPINS PAY LESS AUTO SALES 8341 W HIGHWAY 318 REDDICK FL 32686-2673 21757 N.W. 60TH AVE. MCINTOSH FL 32664 2. Principal Place of Business 3. Mailing Address Suite, Apt. #. etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1789295 Not Applicable Zip Country 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 SMITH, GEORGE E Street Address (P.O. Box Number is Not Acceptable) 8341 W. HIGHWAY 318 REDDICK FL 32686 Zip Code FL 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 DATE 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 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition ☐ Delete TITLE TITLE SMITH, GEORGE E NAME NAME STREET ADDRESS 8341 W. HIGHWAY 318 STREET ADDRESS REDDICK FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME SMITH, ALMA G NAME STREET ADDRESS 8341 W. HIGHWAY 318 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP REDDICK FL Change ☐ Addition ☐ Delete TITLE NAME SMITH, ADRIEN D NAME STREET ADDRESS 8351 W. HIGHWAY 318 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP REDDICK FL Change Addition ☐ Delete TITLE SMITH, KIMBERLY Y NAME NAME 8351 W HWY 318 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP REDDICK FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS 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 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.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Daytime Phone #