

DOCUMENT # 597317

1. Entity Name  
S AND G AUTOMOTIVE WAREHOUSE, INC.

Principal Place of Business  
5301 JADE CIR  
ORLANDO FL 32812

Mailing Address  
5301 JADE CIR  
ORLANDO FL 32812

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

GOLDFARB, LARRY  
5301 JADE CR  
ORLANDO FL 32812

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> Delete
NAME	GOLDFARB, GARRY	
STREET ADDRESS	8624 OTTERCREEK CT	
CITY-ST-ZIP	ORLANDO FL 32829	
TITLE	P	<input type="checkbox"/> Delete
NAME	GOLDFARB, LARRY	
STREET ADDRESS	5301 JADE CR	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE	T	<input type="checkbox"/> Delete
NAME	FLDYD, Tammy	
STREET ADDRESS	5336 Magnolia Ln	
CITY-ST-ZIP	ORLANDO, FL 32812	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Larry Goldfarb 1/5/01 907.850-2344  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED  
Jan 09, 2001 8:00 am  
Secretary of State

01-09-2001 90047 046 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1869217 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

CR2E034 (10/00)