## 2002 UNIFORM BUSINESS REPORT (UBR)

## Mar 22, 2002 8:00 am § Secretary of State DOCUMENT # F78721 03-22-2002 90060 035 \*\*\*150 00 DAVIE BATTERY & ALTERNATOR, INC. Principal Place of Business Mailing Address 4420: SW: G4TH AVE 4420 GW-04TH-AVE DAVIE FL 330H DAVIE FL 90014 2. Principal Place of Business 3.-Mailing:Address - = 6325 SW 6325 SW 37 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number City & State Applied For 59-2192042 Not Applicable 91 V DK 91 V.O( Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required A ZD 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BLANKENSHIP, MICHAEL T Street Address (P.O. Box Number is Not Acceptable) \*4420 SW 04TH AVE DAVIE FL 33314 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE ☐ Delete BLANKENSHIP, MICHAEL T NAME 1392 200 31 24. 4420-SW-64TH-AVE STREET ADDRESS STREET ADDRESS DAVIE, FL 00000-CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition TITLE NAME BLANKENSHIP, DANIEL R. NAME 6325 SW 37 St. STREET ADDRESS 4420 SW 64TH AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DAVIE, FL 00000 ☐ Delete ☐ Addition TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZiP CITY-ST-ZIP 🔲 . De leta TITLE Change \_\_.Addition\_ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE- · · · ☐ Change TITLE ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS

13. Thereby 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 eath; 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

CITY-ST-ZIP

CITY-ST-7IP

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