## 2000 UNIFORM BUSINESS REPORT (UBR) $\mathtt{FILED}$ May 04, 2000 8:00 am Secretary of State DOCUMENT # F9400005191 BMW INVESTMENTS, INC. 05-04-2000 90175 033 \*\*\*150.00 Principal Place of Business Mailing Address CAHABA VALLEY PKWY P. O. BOX 1269 PELHAM AL 35124-5269 AL 35214 US 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 63-1076645 Not Applicable 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 Name GRAYSON, ROBERT L JR Street Address (P.O. Box Number is Not Acceptable) 390 SELIN STREET PENSACOLA FL 35203 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 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. PCD ☐ Change Addition TITLE ☐ Delete Franklin P. Webb, JR. KERN. PETER F NAME 101 Cahaba Valley PKWY. 101 CAHABA VALLEY PKWY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HEINAM. CITY-ST-ZIP PELHAM AL Delete **VDST** TITLE ☐ Change Addition CORNELIUS, J P NAME NAME 101 CAHABA VALLEY PKWY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PELHAM AL - - Change - - Addition --- Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Delete TITLE Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 eport 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 true 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 attac

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNI