2000 UNIFORM BUSINESS REPORT (UBR)

Mar 17, 2000 8:00 am Secretary of State DOCUMENT # F98000004706 GB MUFFLERS, INC. 03-17-2000 90067 038 ***150.00 Principal Place of Business Mailing Address 9430 SW 19TH AVE. RD. MUFFLER MAN OCALÁ FL 34476-7602 103 S 14TH ST LEEBURG FL 34748 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 38-3086913 Not Applicable Zip Country 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 BUTLER, LAURA Street Address (P.O. Box Number is Not Acceptable) 9430 SW 19TH AVE. RD. OCALA FL 34476 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 TITI F TITLE **BUTLER, LAURENCE** NAME NAME STREET ADDRESS 9430 SW 19TH AVE. RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OCALA FL 34476 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME BUTLER, LAURA NAME STREET ADDRESS 9430 SW 19TH AVE. RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OCALA FL 34476 ☐ Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition 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 ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED