## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

## Apr 11, 2002 8:00 am Secretary of State DOCUMENT # G71651 1. Entity Name 04-11-2002 90660 029 \*\*\*150 00 J C M AUTO CO. Principal Place of Business Mailing Address C/O GRUNTHER VOLKSWAGEN, INC. % GUNTHER VOLKSWAGEN, INC. 1660 STATE ROAD 7 1660 STATE ROAD 7 FT. LAUDERDALE FL 33317 FORT LAUDERDALE FL 33317 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2378368 Not Applicable Country Zin Country Zip \$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 GUNTHER, JOSEPH, Street Address (P.O. Box Number is Not Acceptable) % GUNTHER VOLKSWAGEN, INC. 1660 STATE ROAD 7 FORT LAUDERDALE FL 33314 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 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, 2002 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 11. ☐ Addition CR2E034 (9/01 Change ☐ Delete TITLE TITLE DP NAME NAME **GUNTHER, JOSEPH** STREET ADDRESS STREET ADDRESS 1660 ST RD 7 CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE, FL 00000 ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change. ☐ Addition。 . Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Delete Change TITLE TITLE NAME 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 trusted 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 addless, with all other like empowered.

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR