

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90228 029 \*\*\*150.00

**DOCUMENT # G72338**

1. Entity Name  
**CAL'S AUTOMOTIVE SERVICE CENTER, INC.**

|  |         |  |         |
|--|---------|--|---------|
| Principal Place of Business<br>2491 W C-48<br>P O BOX 1118<br>BUSHNELL FL 33513-8118<br>US |         | Mailing Address<br>6570 30 AVE N.<br>ST PETE FL 33710-3233<br>US |         |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                      |         | 3. Mailing Address<br>Suite, Apt. #, etc.                        |         |
| City & State   |         | City & State   |         |
| Zip  | Country | Zip  | Country |

4. FEI Number **59-2384697** Applied For  Not Applied For

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

|   |  |  |  |
|---|--|--|--|
| 6. Name and Address of Current Registered Agent<br><b>ROBERTS, CALVIN C.<br/>6570 30 AVE N.<br/>ST. PETERSBURG FL 33710</b> |  | 7. Name and Address of New Registered Agent<br>Name <b>Sandra L Roberts</b><br>Street Address (P.O. Box Number is Not Acceptable) <b>6570 30th Ave N</b><br>City <b>St. Petersburg</b> FL <b>33710</b> |  |
|---|--|--|--|



DO NOT WRITE IN THIS SPACE

B. 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 Sandra L Roberts DATE 2-22-00

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 Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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                     |   | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | -DPST<br>ROBERTS, CALVIN C. <input checked="" type="checkbox"/> Delete<br>6570 30 AVE N.<br>ST. PETERSBURG FL 33710 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Add  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP <input type="checkbox"/> Delete<br>ROBERTS, CARL G<br>6570 30 AVE N.<br>ST. PETERSBURG FL 33710                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>VD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>PST D</b><br><b>Sandra L Roberts</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add<br><b>6570 30th Ave N</b><br><b>St. Petersburg FL 33710</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Add  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Add  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Add  |

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 changed, or on an attachment with an address, with all other like amendments.

SIGNATURE: [Signature] DATE 1-10-00 DAYTIME PHONE # 727-381-960

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR