

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # H70834**

1. Entity Name

SARASOTA BIG MUFFLER SHOP, INC.**FILED**
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90027 040 ***150.00

0410877

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|---|---|
| Principal Place of Business 2015 NORTH WASHINGTON BOULEVARD SARASOTA FL 34234 | Mailing Address 2015 NORTH WASHINGTON BOULEVARD SARASOTA FL 34234 |
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|--------------------------------|--------------------|
| 2. Principal Place of Business | 3. Mailing Address |
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| | |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

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| City & State | City & State |
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|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
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DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 59-2567044 | Applied For |
| | Not Applicable |

| | |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent AHLQUIST, RICHARD D. 2088 HAWTHORNE ST. SARASOTA FL 33579 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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

| | | |
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| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/> | FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 11. OFFICERS AND DIRECTORS | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | | | | | | | | | | | | | | | | | | | | | | |
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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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael B. Walden **VP. MICHAEL WALDEN** 4-26-2001 941-953-5400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)