2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 02, 2001 8:00 am Secretary of State **DOCUMENT # H72405** ICHI BAN AUTOMOTIVE, INC. 03-02-2001 90057 001 ***150.00 Principal Place of Business Mailing Address 3191 S.E. WAALER STREET 3191 S.E. WAALER STREET NUUWILLU STUART FL 34997 STUART FL 34997 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0077741 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STIRLING, MICHAEL P. Street Address (P.O. Box Number is Not Acceptable) 6406 S.E. CIRCLE STREET **HOBE SOUND FL 33455** Zip Code City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 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. CR2E034 (10/00) TITL€ Delete TITLE ☐ Change Addition STIRLING, MICHAEL P. NAME STREET ADDRESS STREET ADDRESS 6406 SE CIR ST CITY-ST-ZiP CITY-ST-ZIF HOBE SOUND FL VSD TITLE Delete TITLE □ Change Addition NAME STIRLING, LINDA M. STREET ADDRESS 6406 SE CIR ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOBE SOUND FL THE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the infort indicated on this report or st g does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information hation supplied w id accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director to execute his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if oplemental rep of the corporation or the re ver or trustee changed, or on an attachm ICHAEL P. STIELING SIGNATURE: