2002 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 22, 2002 8:00 am Secretary of State H82324 DOCUMENT # 1. Entity Name 04-22-2002 90295 030 ***150.00 ROYAL AUTO RECYCLING. INC. Principal Place of Business Mailing Address 2000 63RD AVE. E. 2000 63RD AVE. E. **BRANDENTON FL 34203 BRANDENTON FL 34203** 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2610194 Not Applicable \$8.75 Additional Country Zip Zip 5. Certificate of Status Desired \Box Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HUG. ROBERT A. Street Address (P.O. Box Number is Not Acceptable) 2235 CONSTITUTION BLVD. SARASOTA FL 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. ☐ Delete TITLE TITLE NAME HUG, ROBERT A. NAME STREET ADDRESS 2235 CONSTITUTION BLVD. STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34231 CITY-ST-ZIP Addition Change TITLE ☐ Delete TITLE NAME HUG! MATTHEW A NAME STREET ADDRESS STREET ADDRESS 2235 CONSTITUTION BLVD CITY-ST-ZIP-SARASOTA FL 34231 -CITY-ST-ZIP ☐ Addition ☐ Change Delete TITI F TITLE NAME hug, Robert a Jr NAME STREET ADDRESS 2235 CONSTITUTION BLVD STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34231 CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. Thereby 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 chapter for one patternment with an address with all other like empowered.

SIGNATURE:

changed, or on an attachm

with an address, with all other like empowered