2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Feb 05, 2002 8:00 am DOCUMENT # J13340 Secretary of State 1. Entity Name 02-05-2002 90147 032 ***150.00 MCNEILL AUTOMOTIVE, INC. Principal Place of Business Mailing Address 2700 GANDY BLVD. 2700 GANDY BLVD. ST PETERSBURG FL 33702 ST PETERSBURG FL 33702 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. DO NOT WRITE IN THIS SPACE Suite City & State City & State Applied For 4. FEI Number 59-2677883 Not Applicable Zip Country **O**buntry \$8.75 Additional 5. Certificate of Status Desired 33702-2016 33702-2016 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MCNEILL, GLENN 2700 GANDY BLVD. ST PETERSBURG FL 33702 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 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition moveill, Glenn MCNEILL GLENN NAME NAME 2700 GANDY BLVD. STREET ADDRESS STREET ADDRESS ST PETERSBURG FL 33702 CITY-ST-7IP CITY-ST-ZIP TITLE □ Delete TITLE wehling, Ross Randal NAME WEHLING, ROSS RANDAL NAME STREET ADDRESS 2700 GANDY BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL 33702 TITLE ☐ Delete Change ☐ Addition NAME MCNEILL. BARBARA K. NAME STREET ADDRESS STREET ADDRESS 2700 GANDY BLVD. CITY-ST-ZIP ST PETERSBURG FL 33702 CITY-ST-ZIP VPO & Treasurer TITLE **VPO** ☐ Delete TITLE Change ☐ Addition wehling, Rita Cno longer Oriscoll NAME DRISCOLL, RITA WEHLING NAME STREET ADDRESS 2700 GANDY BLVD. STREET ADDRESS CITY-ST-ZIP ST PETERSBURG FL 33702 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition 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 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.

FILED