2001 UNIFORM BUSINESS REPORT (UBR)

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

Mar 28, 2001 8:00 am **DOCUMENT # J48443** Secretary of State 1. Entity Name ABAC AUTO PARTS, INC. 03-28-2001 90204 035 ***150.00 Principal Place of Business Mailing Address B11 W MADISON ST. 811 W MADISON ST. TALLAHASSEE FL 32304 TALLAHASSEE FL 32304 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 59-1307333 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired, -Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MCMILLIAN, KATHRYN P Street Address (P.O. Box Number is Not Acceptable) 3663 PINE TIP ROAD TALLAHASSEE FL 32312 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 signsture) equired when reinstating) DATE 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, 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. ☐ Change Addition ☐ Delete TITLE TITL F MCMILLAN, JOHN NAME STREET ADDRESS STREET ADDRESS 3663 PINE TIP ROAD CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32312 ☐ Change ☐ Addition TITLE vstd Delete TITLE NAME MCMILLAN, KATHRYN P NAME STREET ADDRESS STREET ADDRESS 3663 PINE TIP ROAD CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32312 TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

9. McMullan
3-22.0/850222-42
Date Date Dayline Priore #