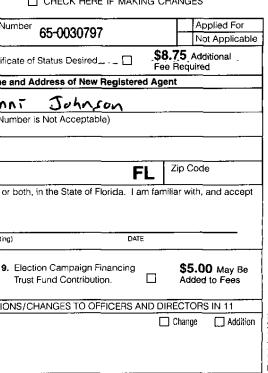
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

J62741 **DOCUMENT#**

1. Entity Name FASTCO OF FLORIDA, INC.				05-05-2003 90718 014 ***150.00			
Principal Place of Business 12250 N.W. 28TH AVE. MIAMI FL 33167 US		Mailing Address 12250 NW 28 AVENUE MIAMI FL 33167 US					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FEI Number 65-0030797		oplied For	
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Add	ditional	
	6. Name and Address of Curren	t Registered Agent		7. Name and Address of New Registered			
		<u> </u>	Name	Pennt Johnson			
PORKER-MAXWELL, PENNI			Street Address	Street Address (P.O. Box Number is Not Acceptable)			
12250 N.V	N. 28TH AVE.						
MIAMI FL	33167						
•			City	F	Zip Cod	е	
	e named entity submits this statement tions of registered agent.	for the purpose of changing	its registered office or registe	ered agent, or both, in the State of Florida. I ar	n familiar with,	and accept	
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (f	NOTE: Registered Agent signature require	red when reinstating) DATE			
Afte	FILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department	3		Election Campaign Financing Trust Fund Contribution.		0 May Be I to Fees	
10.	OFFICERS AND	D DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAXWELL, ROBERT D. SR. 12250 N.W. 28TH AVE. MIAMI FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition	
	SDTV MAXWELL, PENNI 12250 N.W. 28TH AVE. MIAMI FL 33167	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Penni Johnson	⊠ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD - MAXWELL, GARY 157 WASHINGTON AVE SECAUCUS NJ 07094	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DALE MAXWELL 26 CARRIAGE WAY FREEHOLD NJ 07728	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition (
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS		Change	☐ Addition	

FILED
May 05, 2003 8:00 am §
Secretary of State



12. I hereby 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 feport 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

Date

Daytime Phone #