2002 UNIFORM BUSINESS REPORT (UBR)

ORIGINAL

0514765

DOCUMENT # J68899

1. Entity Name

LAND O LAKES STARTER, ALTERNATOR, BATTERY SERVIC

FILED

02 APR 30 AM 8:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
% GARY D. CARDEN 2922 LAND O LAKES BLVD LAND O LAKES FL 34639	% GARY D. CARDEN 2922 LAND O LAKES BLVD LAND O LAKES FL 34639-4916

2. Principal Place of Business	3. Mailing Address
10641 LAND O LAKES BLVD Suite, Apt. #, etc.	PO BOX 484 Suite, Apt. #, etc.
City & State: LAND O LAKES, FL	City & State: LAND O LAKES, FL
Zip: 34639 Country:	Zip: 34639 Country:

4. FEI Number 59-2796686 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CARDEN, GARY D. 2922 LAND O LAKES BLVD P.O.BOX 484 LAND O LAKES FL 34639	Name: GARY CARDEN Street Address (P.O. Box Number is Not Acceptable): 10641 LAND O LAKES BLVD City: LAND O LAKES FL Zip Code: 34639

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: Gary D Carden 04-26-02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CARDEN, GARY D. 2922 LAND O LAKES BLVD LAND O LAKES FL	☐ Delete	PD CARDEN GARY D 10641 LAND O LAKES BLVD LAND O LAKES, FL 34639	☒ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition
		☐ Delete	600005501186--4 -05/09/02--01072--029 ****150.00 ****150.00	☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition

CR2E034 (9/99)

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.

SIGNATURE: Gary D Carden GARY CARDEN PRESIDENT 04-26-02 813-929-0537

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #