2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 01, 2001 8:00 am Secretary of State **DOCUMENT # K07683** HUNT'S AUTO OUTLET, INC. 05-01-2001 90037 025 ***150.00 Principal Place of Business Mailing Address 1680 SEGRAVE ST. 1680 SEGRAVE ST. 1660 B. SEGRAVE ST. S. DAYTONA FL 32119 S. DAYTONA FL 32119 2. Principal Place of Business 3. Mailing Address Suite, Act. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 59-2862858 Applied For Not Applicable Zio Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HUNT, BILL Street Address (P.O. Box Number is Not Acceptable). 1680 SEGRAVE ST. S. DAYTONA FL 32119-2122 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, typed or or mediname of registered agent and title if applicable (NOTE: Rog stored Agent signature required when reinstating) DATE 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, 2001 Fee will be \$550.00 Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICE S AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PVST** TITLE ☐ Delete TITLE ☐ Change ☐ Addition HUNT, BILL NAME NAME 1680 SEGRAVE ST. STREET ADDRESS STREET ADDRESS SO. DAYTONA FL CHY-ST-7iP CHY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Acdition NAME NAME STREET ADDRESS STREET ADDRESS CiTY+S1-ZIP TITLE ☐ Delete TITL S ☐ Chance Addition STREET ADDRESS STREET ADDRESS CITY ST ZIP CITY-ST-ZIP ☐ Delete TITLE illua ☐ Chance Addition NAME NAME STREET ADDRESS STREET ADDRESS C.TY-ST-ZIP CITY-ST ZIP 71716 □ Delete THUE Change □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP TITLE Delete TITLE Change [] Addition

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 eath, that I am an efficier 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.

NAME

STREET ADDRESS C:TY-ST-ZIP

NAME STREET ADDRESS

CR2E034 (10/00)