## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K07683  1. Entity Name HUNT'S AUTO OUTLET, INC.				Secretary of State 04-01-2002 90640 045 ***150.00	
Principal Place of Business 1680 SEGRAVE ST. 1660 B. SEGRAVE ST. S. DAYTONA FL 32119 US		Mailing Address 1690 SEGRAVE ST. S. DAYTONA FL 32119 US			
2. Principal Place of Business		3. Mailing Address		1 (100 (104)) BAY 04(1) (100 (104) 100 (104) 010 (104) 0	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & Stat	te	City & State	<del></del>	4. FEI Number 59-2862858 Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required	
	6. Name and Address of Current R	egistered Agent		7. Name and Address of New Registered Agent	
			Name		
HUNT, BILL 1680 SEGRAVE ST. S. DAYTONA FL 32119-2122			Street Address	s (P.O. Box Number is Not Acceptable)	
3. DATTO			City	FL Zip Code	
- <del></del>	named entity submits this statement for t	he purpose of changing its re	gistered office or registe	ered agent, or both, in the State of Florida.	
SIGNATURE .	Signature, typed or printed name of registered agent and	d title if applicable. (NOTE: R	egistered Agent signature require	red when reinstating) DATE	
, , , , , , , , , , , , , , , , , , , ,			FEE IS \$150.00 Fee will be \$550.00 to Department of Sta	TOUSTENING COMMOUNT IN Added to Fees	
11.	OFFICERS AND D	IRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST HUNT, BILL 1680 SEGRAVE ST. SO. DAYTONA FL	☐ 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 CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete .	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	and the second s	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
indicated of the cor	on this report or supplemental report is tr	ue and accurate and that my sered to execute this report as	signature shall have the	Section 119.07(3)(i), Florida Statutes. I further certify that the information a same legal effect as if made under oath; that I am an officer or director 07, Florida Statutes; and that my name appears in Block 11 or Block 12 if	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-02 - 386-760-3670 Date Daylime Phone #