2001 UNIFORM BUSINESS REPORT (UBR)

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FILED
01 APR 23 PM 5:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000010282

1. Entity Name

B AUTO GROUP, L.L.C.

Principal Place of Business	Mailing Address
256 HWY 17 NORTH PALATKA FL 32177	256 HWY 17 NORTH PALATKA FL 32177

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2640 US 1 South	
Suite, Apt. #, etc.: St. Augustine	Suite, Apt. #, etc.
City & State: Florida	City & State
Zip: 32086 Country: St. Johns	Zip Country

4. FEI Number: 59-3670922 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PICKENS, JOE H 222 N. 3RD STREET PALATKA FL 32177-3710	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President/Director Preston B Sloan 2601 Fairway Drive Palatka, Florida 32177	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 700004135107--6 -05/03/01--01149--023 *****50.00 *****50.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary/Treasurer/Director Bradley C Sloan 129 Walton Rd East Palatka, FL. 32131	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 700004135107--6 -05/03/01--01149--024 ******5.00 ******5.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President/Director Carl C. Beck Jr 256 Hwy 17 North Palatka, FL. 32177	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (11/00)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Bradley C Sloan 1/22/01 (904)328-8863
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #