2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

FILED DOCUMENT # L26639 Mar 10, 2000 8:00 am 1. Entity Name **Secretary of State** ACTION CAR SALES, INC. 03-10-2000 90016 047 ***150.00 Principal Place of Business Mailing Address 10164 BEACH BLVD 10164 BEACH BLVD JACKSONVILLE FL 32246-4710 JACKSONVILLE FL 32246 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2973661 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WILSON, JOHN Street Address (P.O. Box Number is Not Acceptable) 10164 BEACH BLVD. JACKSONVILLE FL 32202 Zip Code City FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Delete TITLE TITLE WILSON, JOHN F. NAME NAME STREET ADDRESS STREET ADDRESS 14015 IVYGAIL DR. CITY-ST-ZIP JACKSONVILLE FL CITY-ST-ZIP Delete Change ☐ Addition TITLE TITLE Robert Perez KNIGHT, CHARLES C NAME NAME 319 Plaza Dr. STREET ADDRESS STREET ADDRESS 361 FOXRIDGE RD. CITY-ST-7IE CITY-ST-ZIP **ORANGE PARK FL 32065** 10 bch, Fl. 3aa33 ☐ Change ☐ Addition TITLE □.Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP 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 resert 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 trusfee enhancement 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.