## **FILED** 2001 UNIFORM BUSINESS REPORT (UBR) May 11, 2001 8:00 am Secretary of State **DOCUMENT # L37245** 1. Entity Name AA AUTO CLINIC INC. 05-11-2001 90003 001 \*\*\*150.00 Principal Place of Business Mailing Address 1595 E JOHN SIMS 1595 E JOHN SIMS NICEVILLE FL 32578 NICEVILLE FL 32578 US HS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2987403 Not Applicable Zip 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 Runge, Bobby G. Street Address (P.O. Box Number is Not Acceptable) 1595 E JOHN SIMS PKWY NICEVILLE FL FL 32578 City Zip Code F 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 After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (10/00) TITLE Delete TITLE Change Addition RUNGE, BOBBY G. NAME NAME 195 G JOHN SIMS PKWY STREET ADDRESS STREET ADDRESS VALPARAISO FL 32580 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET AUDRESS STREET ADDRESS CITY-\$T-ZEP 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 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE

TITLE

NAME STREET ADDRESS

CITY-ST-7IP

Bacuy A. Row

Bobby

☐ Delete

3. Runge

4-25-0

850-678-3404

Daytime Phone :

Change

☐ Addition