2002 UNIFORM BUSINESS REPORT (UBR)

Mar 13, 2002 8:00 am DOCUMENT # N9400006210 Secretary of State 1. Entity Name 03-13-2002 90022 004 ****61.25 ACCESSORIES RESOURCE TEAM I, INC. Mailing Address Principal Place of Business 6600 34TH AVE. NORTH 8600 34TH AVE. NORTH ST. PETERSBURG FL 33710 ST. PETERSBURG FL 33710 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3287834__-- Not Applicable ع 🚾 👡 👡 عا Zip 🚅 \$8.75 Additional - Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) LIGHT, NATURAL HARVEY HOLLINGSWORTH P O BOX 16449 Zip Code City PANAMA CITY FL 32406 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 DATE (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. (9/01)Change ☐ Addition TITLE ☐ Delete TITLE LINDSEY, KRIS NAME NAME CR2E037 STREET ADDRESS P O BOX 1900 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STUTTGART AR 72160-1900 Change ☐ Addition TITLE ☐ Delete TITLE TAYLOR, MARY NAME NAME STREET ADDRESS STREET ADDRESS 2007 ROYAL LANE, SUITE-190-CITY-ST-ZIP CITY-ST-ZIP DALLAS TX 75229 ☐ Delete TITLE Change ☐ Addition MAYFIELD, PAT NAME NAME STREET ADDRESS STREET ADDRESS 5154D MONACO DR CITY-ST-ZIP CITY-ST-ZIP PLEASANTON CA 94566 ☐ Addition ☐ Delete TITLE TITLE GALBRAITH, ALAN NAME NAME 2816 COMMODORE DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CARROLLTON TX 75007** Change ☐ Addition ☐ Delete TITLE TITLE DAVIS, SHARON NAME STREET ADDRESS STREET ADDRESS 2320 GREENWAY AVE. CITY-ST-ZIP CITY-ST-ZIP **CHARLOTTE NC 28204** ☐ Change ☐ Addition Delete TITLE TITLE HOLLINGSWORTH, HARVEY NAME NAME P O BOX 16449 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PANAMA CITY FL 32406

12. I hereby 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 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 in the corporation of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 in the corporation of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 in the corporation of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 in the corporation of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 in the corporation of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 in the corporation of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 11 in the corporation of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 11 in the corporation of the receiver of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of the cor

changed, or on an attachment with an address, with all other like empowered.

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Alfachment #N9400000000010 159747

ACCESSORIES RESOURCE TEAM I, INC.

Additional Officers	
D Jim Becker PO Drawer 1099 Greenwood, MS. 38930	add
D Lyn McNeil 700 On The Mall Minneapolis, MN. 55402	add
PP Olive Lubner 13170 S Cleveland Ave. Ft. Myers, FL. 33907	add
E. VP Pamela St. Martin 315 E. Cowan Houston, TX. 77024	add
D Sandra Standefer 1444 Oaklawn Ave #517 Dallas, TX. 75207	add
D Colleen Visage 7711 E. Pleasant Drive Cleveland, OH. 44131	add
D Steve Mckee 1444 Oaklawn Ave. # 517 Dallas, TX. 75207	add