FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03 JUN -6 AM 10: 21

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000011860

1. Entity Name
NORTH COURTENAY SHELL/BAVARIAN AUTO CENTER, INC.

Principal Place of Business	Mailing Address
1095 N COURTENAY PARKWAY MERRITT ISLAND, FL 32953	1095 N COURTENAY PARKWAY MERRITT ISLAND, FL 32953

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
290 N Courtenay Pkwy	290 N Courtenay Pkwy
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Merritt Island, FL	City & State: Merritt Island FL
Zip: 32953 Country: USA	Zip: 32953 Country: USA

4. FEI Number: 59-3747768 — Applied For / Not Applicable

5. Certificate of Status Desired ☒ — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~CABRERA, ISMAEL~~
~~337 YORKTOWNE DR~~
~~ROCKLEDGE, FL 32955~~

7. Name and Address of New Registered Agent

Name: Jamie L. Bynum
Street Address (P.O. Box Number is Not Acceptable): 493 Summers Creek Dr.
City: Merritt Island FL Zip Code: 32952

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Jamie L Bynum 6-4-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

[illegible]

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CABRERA, RAMON 1095 N COURTENAY PARKWAY MERRITT ISLAND, FL 32953	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Bynum, Jamie 290 N. Courtenay Pkwy Merritt Island, FL 32953	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000020778240 06/11/03--01051--004 **158.75	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

6/9/03

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jamie L Bynum 6-4-03 321 452-1516
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #