2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90041 046 ***150.00

DOCUMENT # P00000028509

Entity Name

USED GUYS UNLIMITED, INC

Principal Place of Business

Mailing Address

676 WASHBURN ST.
MELBOURNE, FL 32902

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
200 RING AVE	631 SHRINE CIRCLE SE
Suite, Apt. #, etc: SUITE 107	Suite, Apt. #, etc.
City & State: PALM BAY, FL	City & State: PALM BAY, FL
Zip: 32905 Country: BREVARD	Zip: 32909 Country: BREVARD

4. FEI Number: 59-3636767 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JOHN HOLDER
5275 BABCOCK ST STE #2
PALM BAY, FL 32905

7. Name and Address of New Registered Agent

Name: ANTHONY M. BASTONE
Street Address (P.O. Box Number is Not Acceptable): 631 SHRINE CIRCLE SE
City: PALM BAY, FL Zip Code: 32909

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] ANTHONY M. BASTONE 2/9/01

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Date

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P/T/D NAME: LAMBRELLI, LILLIAN STREET ADDRESS: 1856 SARACEN AVE CITY-ST-ZIP: PALM CITY, FL 32909	☒ Delete	TITLE: P/S/D NAME: BASTONE, ANTHONY M STREET ADDRESS: 631 SHRINE CIRCLE SE CITY-ST-ZIP: PALM BAY, FL 32909	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE: VP/T/D NAME: SMOTKO, CHARLES A. JR STREET ADDRESS: 3085 LETT LANE CITY-ST-ZIP: MALABAR, FL 32950	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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.

SIGNATURE: [signature] ANTHONY M. BASTONE PRES. 2/9/01 (321) 733-1601

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)