2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

SIGNATURE:

Sep 08, 2003 8:00 am Secretary of State P00000039229 DOCUMENT # 09-08-2003 90317 004 ***158.75 1. Entity Name **OBKKOF MOTORS, INC.** Principal Place of Business Mailing Address 418 KINGSLEY AVENUE P.O. BOX 2908 ORANGE PARK FL 32067-2908 ONE OBANGE PARK FL 32073 2. Principal Place of Business Q R/AND/N C BLU CHECK HERE IF MAKING CHANGES Applied For 4. FEI Number 59-3623814 Not Applicable \$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 ELLIS, OLANDO A 2538 SANDLEWOOD CIR. ORANGE PARK FL 32065 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 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. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DST Delete TITLE NAME **ELLIS, OLANDO** 418 KINGSLEY AVENUE SUITE 1 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **ORANGE PARK FL 32073** CITY-ST-7IP ☐ Addition TITLE ☐ Delete TITLE NAME ELLIS, BEATRIZ STREET ADDRESS STREET ADDRESS 418 KINGSLEY AVENUE SUITE 1 CITY-ST-7IP **ORANGE PARK FL 32073** CITY-ST-7IE ☐ Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

attachment Dear Liver Madan. (ds) per our telephone conversation lailer foday, I am sending our completed UBR With the necessary Changes and been as We Descussed (Please note the necessary address Changes. Chaforturally, we had not seemed the original report findly adjust our great for flease accept the years, and please accept to cover guidosed check of \$158.25 to cover shark you very neach for your usual shark you very point services. Sincorely your Vis for OBKEST MOTORS, Ser