FILED Aug 09, 2001 8:00 am Secretary of State

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000043298 PREMIER AUTO WORKS OF PINELLAS, INC. 05-16-2001 90182 005 ***150.00 Principal Place of Business Mailing Address 1365 MISSOURI AVENUE 1365 MISSOURI AVENUE CLEARWATER FL 33756 CLEARWATER FL 33756 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 3642138 City & State Applied For City & State Not Applicable Żip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TENENBAUM, STEVEN Street Address (P.O. Box Number is Not Acceptable) 1365 MISSOURI AVENUE **CLEARWATER FL 33756** Zip Code 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filling requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE (5/01) Change ☐ Addition TENENBAUM, STEVEN NAME 1365 MISSOURI AVENUE STREET ADDRESS CR2E034 STREET ADDRESS CITY-ST-ZIP **CLEARWATER FL 33756** CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME

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 empowaged.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP

This was Fled 5-1-dool.

A Copy of the Concelled Chack is enclosed.

PREMIER AUTO WORKS OF PINELLAS INC

1365 MISSOURI AVE
CLEARWATER, FL 33756

PAY TO THE ORDER OF DIAJCTON OF CAPACITORS

PAY TO THE ORDER OF FIFTY AW

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FIrst Union National Bank

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FOR

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DEPARTMENT OF STATE OF ACCT.# 1009068796