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2001 UNIFORM BUSINESS REPORT (UBR)

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

SIGNATURE:

Jun 20, 2001 8:00 am Secretary of State DOCUMENT # P0000052664 05-16-2001 90385 033 ***150.00 AUTO CONNECTION OF DAYTONA, INC. Principal Place of Business Mailing Address 0126 11 WILDERNESS RUN 11 WILDERMESS RUN FLAGLER BEACH FL 32136 FLAGLER BEACH FL 32136 Mailing Address / WILDELS EN SRUN 2. Principal Place of Business BALOUGHRA Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 59-365/52-7 FIREL, E Applied For DAY OUA BOH. R32114 Not Applicable VOLUSIA \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BAGGETT, DARRELL P Street Address (P.O. Box Number is Not Acceptable) 11 WILDERNESS RUN FLAGLER BEACH FL 32136 City 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 FILE NOW!!! FEE IS \$150.00 - - --9. This corporation is eligible to satisfy its intar 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition TITLE Detete TITLE Change NAME BAGGETT, DARRELL P NAME STREET ADDRESS STREET ADDRESS 11 WILDERNESS RUN CITY-ST-7IP CITY-ST-ZIP FLAGLER BEACH FL 32136 ☐ Change ■ Addition TITLE Dalete TITLE NAME BAGGETT, SANDRA M MAME STREET ADDRESS STREET ADDRESS 11 WILDERNESS RUN CITY-ST-ZIP CITY-ST-ZIP FLAGLER BEACH FL 32136 ☐ Change ☐ Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP-CITY-ST-ZIP TITLE Deleta TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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