

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Aug 02, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000055588**1. Entity Name
TEKDRIVE AUTOMOTIVE GROUP, INC.Principal Place of Business
8693 SOUTHERN GLEN DRIVE
JACKSONVILLE FL 32256
Mailing Address
8693 SOUTHERN GLEN DRIVE
JACKSONVILLE FL 322562. Principal Place of Business
2140 NICKERSON LANE

3. Mailing Address

Suite, Apt. #, etc.
UNIT ONE

Suite, Apt. #, etc.

City & State
JACKSONVILLE FL

City & State

Zip
32207
CountryZip
Country

4. FEI Number

Applied For
☒ Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentCRAIG MIKE R
8685 SOUTHERN GLEN DRIVE
JACKSONVILLE FL 32256**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL 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 **MICHAEL NELSON****08/02/2001**

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**TITLE S ☐ Delete
NAME CRAIG BRENDA
STREET ADDRESS 8685 SOUTHERN GLEN DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32256TITLE T ☐ Delete
NAME NELSON STACEY D
STREET ADDRESS 8693 SOUTHERN GLEN DR
CITY-ST-ZIP JACKSONVILLE FL 32256TITLE DVP ☐ Delete
NAME NELSON MIKE P
STREET ADDRESS 8693 SOUTHERN GLEN DR
CITY-ST-ZIP JACKSONVILLE FL 32256TITLE DP ☐ Delete
NAME CRAIG MIKE R
STREET ADDRESS 8685 SOUTHERN GLEN DR
CITY-ST-ZIP JACKSONVILLE FL 32256TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael P. Nelson

V-P

08/02/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)