2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 24, 2001 8:00 am Secretary of State DOCUMENT # P0000059732 1. Entity Name MPG AUTO MART INC. 4-24-2001 90017 021 ***150.00 Principal Place of Business Mailing Address 1019 W. Martin luthér King Blvd. 1019 W. MARTIN-LUTHER KING BLVD. SEFFNER FL 33584 SEFFNER FL 33584 643780 3. Mailing Address SAME 2. Principal Place of Business 9461 HWY Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #. etc. 4. FEI Number 59-365 08 43 City & State City & State Applied For SEFFNER Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PASEK, MICHAEL D Street Address (P.O. Box Number is Not Acceptable) 4851 85TH AVE. PINELLAS PARK FL 33781 City Zip Code FL 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) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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 \Box Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Change ☐ Delete Addition TITLE TITLE GORENC, MARJANCA NAME NAME 5461 HWY 579 1019 W. MARTIN-LOTHER KING BLVD. STREET ADDRESS SEFFNER FL 33584 SEFFNER, FL 33584 CITY-ST-ZIP CITY-ST-7IP ת ☐ Addition hanne TITLE ☐ Delete TITLE GORENC, PETER NAME NAME 5461 HWY 579 1019 W. MARTIN-LUTHER KING BLVD. STREET ADDRESS STREET ADDRESS SEFFNER-FL 33584 CITY-ST-71P CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE 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 changed, or on an attachment with an address, with all other like empowered. MARACARNICA

MARJANCA

GORENC, PRES.

diaspource

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR