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FILED
Jun 26, 2001 8:00 am
Secretary of State

03-22-2001 90049 050 ***150.00

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2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000060437

1. Entity Name

CAR KING INC.

Principal Place of Business	Mailing Address
3055 N.W. 19TH ST. FT. LAUDERDALE FL 33311	3055 N.W. 19TH ST. FT. LAUDERDALE FL 33311

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7842 N.W. 44th st	P.O. box 490002
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sunrise FL 33351	City & State: Ft Laud. FL
Zip / Country	Zip: 33349 / Country: Broward

4. FEI Number: 65-1036962 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HARRISON, LENNOX
4405 N.W. 65TH TERRACE
LAUDERHILL FL 33319

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: [signature] 3-1-01
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 State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HARRISON, LENNOX 4405 N.W. 65TH TERRACE LAUDERHILL FL 33319 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Lennox Harrison P.o. box 490002 Ft Laud. FL 33349 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/00)

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: [signature] 6-15-01 954-804-1104
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #