FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Jan 17, 2002 8:00 am Secretary of State DOCUMENT # P00000072180 1. Entity Name BEATY AUTO SALES INC. 01-17-2002 90044 003 ***150.00 Principal Place of Business Mailing Address 16328 60TH PLACE B 16328 60TH PLACE B LIVE OAK FL 32060 LIVE OAK FL 32060 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3658800 Not Applicable Zip Country Zip 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 BEATY, SCOTT S Street Address (P.O. Box Number is Not Acceptable) 16508 60 PLACE B LIVE OAK FL 32060 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 \$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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Delete ☐ Addition NAME BEATY, SCOTT B NAME STREET ADDRESS 16508 60 PLACE B STREET ADDRESS CITY-ST-ZIP LIVE OAK FL 32060 CITY-ST-ZIP TITLE ☐ Delete ☐ Addition ☐ Change NAME BEATY, ANITA J NAME STREET ADDRESS 16508 60 PLACE B STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP LIVE OAK FL 32060 TITLE ☐ Delete TITLE ☐ Chanoe ☐ Addition NAME BEATY, BARBARA J NAME STREET ADDRESS 16390 60 PLACE B STREET ADDRESS CITY-ST-ZIP LIVE OAK FL 32060 CITY-ST-ZIP TITLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TIT! F . 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: