2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 30, 2001 8:00 am Secretary of State DOCUMENT # **P0000076280** 1. Entity Name JIM'S HOT ROD SHOP, INC. 04-30-2001 90454 044 ***150.00 Principal Place of Business Mailing Address 9735-154TH ROAD NORTH 9735-154TH ROAD NORTH JUPIER FL 33478 JUDIER EL 33478 **600007744** 2. Principal Place of Business 3. Mailing Address 963 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For 1032890 Not Applicable 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 Name NATIONAL REGISTERED AGENTS, INC. Street Address (P.O. Box Number is Not Acceptable) 526 E. PARK AVENUE TALLAHASSEE FL 32301 Zip Code x3 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, typed or printed name of registered agent and life if applicable. (NOTE: Registered Agent signature required when reinstating 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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. 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 ☐ Delete TITLE D/AND ALL OFFICERS ☐ Change NAME NAME TAMES G. JUSEPH STREET ADDRESS STREET ADDRESS 9735-15474 RD. N. CULY-ST-7IP CITY-ST-ZIP JUPITER, FL 33478 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZSP TITI.E ☐ Delete TITLE Change Addition 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.

4-24-01 561-747-653