FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State
04-10-2002 90034 012 ***158.75

DOCUMENT # P00000085019

1. Entity Name

B & W AUTO, INC.

DO NOT WRITE IN THIS SPACE

B7961591

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5634 Struthers Court	5634 Struthers Court
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State: Winter Haven, Florida	City & State: Winter Haven, Florida
Zip: 33884 Country: USA	Zip: 33884 Country: USA

4. FEI Number: 593670332 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired: X $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Michael E. Workman

Street Address (P.O. Box Number is Not Acceptable): Clark, Campbell & Mawhinney, P.A.

500 South Florida Avenue, Suite 800

City: Lakeland FL Zip Code: 33801

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 _____ DATE
(Signature, type or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirements and elects to do so. (See criteria on back) X

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D Steven Schaffner 1803 3rd St., SW Winter Haven, Florida 33880
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/D Alan Ludden 1803 3rd St., SW Winter Haven, Florida 33880
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/D Gary Cothron 1803 3rd St., SW Winter Haven, Florida 33880
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/D James Mitchell 1803 3rd St., SW Winter Haven, Florida 33880
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Steven M. Schaffner 3-27-02 (863)293-3232
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #