FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State
05-21-2002 90888 027 ***150.00

DOCUMENT # P00000110245

1. Entity Name
AUTOFUSE, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1975 E. Sunrise Blvd.	
Suite, Apt. #, etc. 538 100	Suite, Apt. #, etc.
City & State Ft. Lauderdale, FL	City & State
Zip 33304 Country	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1066395 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Stephen A. Kelley Jr.
Street Address (P.O. Box Number is Not Acceptable): 1975 E. Sunrise Blvd.
Suite ~~538~~ 100
City: Ft. Lauderdale FL Zip Code: 33304

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 _____ 4/29/02
Signature, type or print name of registered agent and title if applicable (NOTE: Registered Agent signature required when applicable) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

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 D NAME Stephen A. Kelley Jr. 100 STREET ADDRESS 1975 E. Sunrise Blvd. ~~538~~ CITY-ST-ZIP Ft. Lauderdale, FL 33304		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE D NAME James Piper 100 STREET ADDRESS 1975 E. Sunrise Blvd. ~~538~~ CITY-ST-ZIP Ft. Lauderdale, FL 33304		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE D NAME Marc Combs 100 STREET ADDRESS 1975 E. Sunrise Blvd. ~~538~~ CITY-ST-ZIP Ft. Lauderdale, FL 33304		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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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: Marc Combs Marc E. Combs 4/29/02 (954) 760-7010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #