CAPITAL CONNECTION 850 222 1222 04/30

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State
05-13-2002 90163 046 ***150.00

DOCUMENT # P01000041152 ✓

1. Entity Name

VON AHN'S Auto Center, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
400 Mountain DR.	PO Box 785
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Destin, FL	City & State: Destin, FL 32540
Zip: 32541 Country: OKALOOSA	Zip: Country: OKALOOSA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3717881 ☐ 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: B. Scott Whitehead

Street Address (P.O. Box Number is Not Acceptable): 4507 Furling Lane Suite 209

City: Destin FL Zip Code: 32541

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 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) ☐

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	PRESIDENT
NAME	ERICH P. VON AHN
STREET ADDRESS	400 Mountain Drive
CITY-ST-ZIP	Destin, FL 32541
TITLE	SECRETARY/TREASURER
NAME	ANITA G. VON AHN
STREET ADDRESS	400 MOUNTAIN DRIVE
CITY-ST-ZIP	DESTIN, FL 32541
TITLE	
NAME	
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DO NOT WRITE IN THIS SPACE

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

SIGNATURE: Anita Von Ahn 4-30-02 850-269-4626
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #