2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P01000045911 P01000045911 02 OCT 29 PH 2: 47 YOURS AND MINE AUTO SALES, INC. SECRETARY OF STATE TALLAHASSEE FLORIDA Principal Place of Business Mailing Address 304 US HWY. 27 S. 304 US HWY, 27 S. LAKE WALES FL 33853 LAKE WALES FL 33853 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 65110074 Not Applicable Country Zip Country 5. Certificate of Status Desired \$8.75 Additional 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BECTON, DONALD E Street Address (P.O. Box Number is Not Acceptable) 304 US HWY. 27 S. LAKE WALES FL 33853 City 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. I am familiar with, and accept Signature, typed 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 FILE NOW!!! FEE IS \$550.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing After September 13, 2002 Fee will be \$750.00 \$5.00 May Be (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE (4/02) ☐ Change Addition BECTON, DONALD E NAME STREET ADDRESS 304 US HWY. 27 S. STREET ADDRESS CITY-ST-ZIP LAKE WALES FL 33853 CITY-ST-ZIP Delete TITLE ☐ Change NAME ■ Addition BECTON, PEGGY A NAME STREET ADDRESS 304 US HWY. 27 S. STREET ADDRESS CITY-ST-ZIP\_ LAKE WALES FL 33853 CITY-ST-ZIP Delete NAME ☐ Chance ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Chance NAME ■ Addition NAME STREET ADDRESS STREET ADORESS CITY-\$T-ZIP CITY-ST-ZIP TITLE ☐ Deleta TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST- ZIP CITY-ST-ZIP TITLE Delete TITLE NAME ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filling 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 of pustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if SIGNATURE: