2002 Uniform Business Report (UBR)

Apr 03, 2002 8:00 am Secretary of State DOCUMENT # P01000052155 1. Entity Name 04-03-2002 90181 019 ***150.00 220 AUTOMOTIVE, INC. Principal Place of Business Mailing Address 2065 NORTH WATERWAY DRIVE 2065 NORTH WATERWAY DRIVE JUNO BEACH FL 33408 JUNO BEACH FL 33408 2. Principal Place of Business 3. Mailing Address 2487 CR # 220 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE uite#101 City & State City & State 4. FEI Number Applied For Middleburg 65-1107203 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MARANVIUE SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE N. WATERWAY CORAL GABLES FL 33134 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 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 ☐ Addition Change MARANVILLE, KEVIN W NAME NAME 2065 NORTH WATERWAY DRIVE STREET ADDRESS STREET ADDRESS JUNO BEACH FL 33408 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition MARANVILLE, MARY F NAME NAME 2065 NORTH WATERWAY DRIVE STREET ADDRESS STREET ADDRESS JUNO BEACH FL 33408 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE _ Change ☐ Addition GILBERT, TONI L NAME NÂME 2065 NORTH WATERWAY DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JUNO BEACH FL 33408 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME 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.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR