

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90054 034 ***150.00

0008670 AT

DOCUMENT # P01000119655

1. Entity Name

3 BOYS AUTOMOTIVE INC.

Principal Place of Business

11351 SW 9 CT
 DAVIE FL 33325

Mailing Address

11351 SW 9 CT
 DAVIE FL 33325

2. Principal Place of Business

4701 S.W. 45 Street

3. Mailing Address

4701 SW 45 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Davie FL

City & State

Davie FL

4. FEL Number

65-1160069

Applied For

Not Applicable

Zip

Country

33314

Broward

Zip

Country

33314

Broward

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KILBURY, SCOTT
 11351 SW 9 CT
 DAVIE FL 33325

7. Name and Address of New Registered Agent

Name Same

Street Address (P.O. Box Number is Not Acceptable)

4701 S.W. 45 Street

City Davie

FL

Zip Code 33314

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]
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-8-02

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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 P ☐ Delete
 NAME KILBURY, SCOTT
 STREET ADDRESS 11268 SW 9 CT
 CITY-ST-ZIP DAVIE FL 33325

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President ☒ Change ☐ Addition
 NAME Scott Kilbury
 STREET ADDRESS 4701 S.W. 45 Street
 CITY-ST-ZIP Davie, FL 33314

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-02

Date

954-581-2414

Daytime Phone #

CFR2034 (9/01)