FILED

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Jan 13, 2003 8:00 am Secretary of State P02000015632 DOCUMENT # 1. Entity Name 01-13-2003 90676 029 ***150.00 J & J AUTO MALL, INC. Principal Place of Business Mailing Address 1407 NW LAKE HOWARD DR 1407 NW LAKE HOWARD DR WINTER HAVEN FL 33881 WINTER HAVEN FL 33881 2. Principal Place of Business 3. Mailing Address 50 Suite, Apt. #, etc CHECK HERE IF MAKING CHANGES Eaale Faale City & State 4. FEI Number Applied For 33839 33*839* 03-0379873 Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WESTBROOK, JIMMY Street Address (P.O. Box Number is Not Acceptable) 1407 NW LAKE HOWARD DR WINTER HAVEN FL 33881 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 the obligations of registered agent SIGNATURE nt and title if applicable (NOTE: Registered Agent signature required when reinstating FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE CR2E034 (10/02) ☐ Change Addition WESTBROOK, JIMMY NAME NAME 1407 NW LAKE HOWARD DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINTER HAVEN FL 33881 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition WESTBROOK, SHANE NAME NAME 1407 NW LAKE HOWARD DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIE WINTER HAVEN FL 33881 CITY-ST-ZIF TITLE D۷ ☐ Delete TITLE ☐ Change Addition NAME ATKINS, JIM STREET ADDRESS 4100 DUNDEE HWY STREET ADDRESS CITY-ST-ZIP WINTER HAVEN FL 33884 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 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPED OR P