FILED

## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

Apr 23, 2003 8:00 am Secretary of State P02000033376 DOCUMENT # 04-23-2003 90280 050 \*\*\*150.00 1. Entity Name MARK TENNANT AUTOMOTIVE, INC. Principal Place of Business Mailing Address 12228 WASHINGTON ST 12228 WASHINGTON ST PEMBROKE PINES FL 33025 PEMBROKE PINES FL 33025 2. Principal Place of Business 3. Mailing Address 431 Jupiter Lakes Blug 431 Jupitenhales Blug CHECK HERE IF MAKING CHANGES 42112 A 42112 A City & State City & State 4. FEI Number Applied For Not Applicable so; len Country Country \$8.75 Additional 5. Certificate of Status Desired S USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TENNANT, MARK A Street Address (P.O. Box Number is Not Acceptable) 12228 WASHINGTON ST Jupiter Lakes PEMBROKE PINES FL 33025 #2112 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Delete TITLE TITLE Change ☐ Addition TENNANT, MARK NAME NAME 431 Jupiter Lakes Blod #2112 A STREET ADDRESS 12228 WASHINGTON ST STREET ADDRESS PEMBROKE PINES FL 33025 CITY-ST-ZIE CITY-ST-ZIP Jupiter F L ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Oelete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change TITLE 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-ZIE CITY-ST-7IP

Mark Tennant 4-14.03

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