2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Jul 14, 2003 8:00 am **Secretary of State** P02000098412 DOCUMENT # 1. Entity Name 07-14-2003 90326 028 ***150.00 J.R. CULP ENTERPRISES, INC. Principal Place of Business Mailing Address 940-BEA-PLACE 940 BEA PLACE ROCKLEDGE FL 32955 ROCKLEDGE FL 32955 CHECK HERE IF MAKING CHANGES 4. FEI Number Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BOYD, JOEL E ESQ. Street Address (P.O. Box Number is Not Acceptable) 6767 N. WICKHAM ROAD, SUITE 306 **MELBOURNE FL 32940** 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 (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (4/03) TITLE TITLE ☐ Change ☐ Addition □ Delete CULP, JONATHAN R NAME NAME 940 BEA PLACE STREET ADDRESS STREET ADDRESS **ROCKLEDGE FL 32955** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition . 🔲 . Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition 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 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 DIRECTOF

Attachmentat

J. R. CULP ENTERPRISES INC.

DBA SUNTREE AUTOMOTIVE

3199 Suntree Blvd. Rockledge, FL 32955 Tel. 321-242-7600 Fax 321-242-6378

> 10/09778 P02000098412-

July 11, 2003

Florida Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

To whom it May Concern:

We are writing to inform you that this copy of the Uniform Business Report is the first report we received this year.

We are enclosing a check for \$150.00 and the UBR.

Sincerely yours,

for athon R. Culn