2004 FOR PROFIT CORPORATION

Aug 09, 2004 8:00 am Secretary of State

ANNUAL REPORT

DOCUMENT # P03000032023 08-09-2004 90006 012 ***150.00 1. Entity Name NOBULL AUTO SALES INC. Principal Place of Business Mailing Address 4727 N. BANANA RIVER BLVD 4727 N. BANANA RIVER BLVD 54067589 COCOA BEACH, FL 32931 COCOA BEACH, FL 32931 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07272004 ·· CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 16-1658336-Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SCARINCIO, JEFFREY W Street Address (P.O. Box Number is Not Acceptable) 4727 N. BANANA RIVER BLVD. COCOA BEACH, FL 32931 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 SIGNATURE (NOTE: Registered Agent signature required when reinstating) ed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be in accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. \Box Added to Fees corporation did not receive the prior notice. Due by September 8, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE Delete TITLE Change ☐ Addition SCARINCIO, JEFFREY W NAME NAME 4727 N. BANANA RIVER BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP COCOA BEACH, FL 32931 Defete ☐ Addition TITLE ☐ Change TITI.E 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 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Chagge Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-7IP 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. SIGNATURE: ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR