2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # P33803 Jul 31, 2000 8:00 am 1. Entity Name UNITED BUMPER SALES, INC. **Secretary of State** 07-31-2000 90008 025 ***558.75 Mailing Address Principal Place of Business 14440 HICKORY FAIRWAY CT 14440 HICKOBY FAIRWAY CT FT MYERS FC 33912 FT MYERS FL 33912 3. Mailing Address 2. Principal Place of Business 20127WILDEAT BUN 20627 WWGAT RUN DR DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For PSTERO, City & State 4. FEI Number 43-1557129 see A Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired *339*28 Fee Required 6: Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) HORNICK, THOMAS G. 14440 HICKORY FAIRWAY CT. 20627 WILDCAT RUN FT. MYERS FL 33912 STERLO 8. The above named entity submits this statement for the purpose of changing its registered office or gent, or both in the State of Florida FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CP TITI F ■ Change Addition TITLE ☐ Delete HORNICK, THOMAS G. NAME NAME 20627 WILDCAT BUN DR STREET ADDRESS STREET ADDRESS 14440 HICKORY FAIRWAY CT. CITY-ST-ZIP CITY-ST-7IP FT. MYERS FL 33912 ☐ Change ☐ Addition ☐ Delete TITLE TITLE Daniele, Danny M NAME 300 HUNTER GLEN COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIF **ELLISVILLE MO** CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE HORNICK, THOMAS G. NAME NAME 20627 WILDERTRUN DR 14440 HICKORY FAIRWAY CT. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT. MYERS FL 33912 CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 of trustee empowered to execute his 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 an other like impowered.