2001 UNIFORM BUSINESS REPORT (UBR) May 12, 2001 8:00 am Secretary of State DOCUMENT # P93000019637 SOUTHERN AUTOMOTIVE MACHINE, INC. 05-12-2001 90015 015 ***150.00 Principal Place of Business Mailing Address 1910 A CALUMENT STREET. 1910 A CALUMENT STREET CLEARWATER FL 33765 **CLEARWATER FL 33765** 00051936 US 3. Mailing Address DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3168607 Not Applicable \$8.75 Additional 5. Certificate of Status Desired nei Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name YANCEY, CLARENCE R 1910 A CALUMET STREET **CLEARWATER FL 33765** 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 \$5.00 May Be Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete YANCEY, CLARENCE R NAME STREET ADDRESS 1910 A CALUMENT STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33765** Delete TITLE ☐ 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 ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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

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 or trustee empowered to execute this 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 all other like empowered. SIGNATURE:

CITY-ST-ZIP

SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP