2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # P93000039213 Apr 18, 2000 8:00 am Secretary of State HAVEN AUTO SALES, INC. 04-18-2000 90185 038 ***150.00 Mailing Address Principal Place of Business 3402 HAVENDALE BLVD. 3402 HAVENDALE BLVD. WINTER HAVEN FL 33839-5458 WINTER HAVEN FL 33881 2. Principal Place of Business 3. Mailing Address 11004 W.S. Suite, Apt. #, etc Suite, Apt. #; etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State 65-0421743 Not Applicable =AGLE \$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 BARKALOW, GERALD L 3402 HAVENDALE BLVD. WINTER HAVEN FL 33881 MPERIALAKES BLVD 7786 O 8. The above named entity submits this statement for the purpose of changing its registered office or FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10: Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Delete TITLE GERALD L. BARKALOW BARKALOW, GERALD L NAME 5775 IMPERIALAKES BLVD #13 3013 JASMINE RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP AUBURNDALE FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE MCDOWELL, KEITH NAME NAME STREET ADDRESS 2008 LEISURE DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINTER HAVEN FL 33881 ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 of 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.