## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 10, 2002 8:00 am § Secretary of State DOCUMENT # P93000088640 1. Entity Name 05-10-2002 90018 036 \*\*\*158.75 CLAY MOTOR NEWCO, INC. Principal Place of Business Mailing Address 700-900 EAST SUNRISE BLVD. 700-900 EAST SUNRISE BLVD. FORT LAUDERDALE FL 33304 FORT LAUDERDALE FL 33304 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0457562 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KING, W. CLAY Street Address (P.O. Box Number is Not Acceptable) 700-900 EAST SUNRISE BLVD. FORT L'AUDERDALE FL 33304 City Zip Code FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE PD TITLE ☐ Addition ☐ Delete Change NAME KING, W. CLAY NAME 700-900 EAST SUNRISE BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33304 CITY-ST-ZIP **VD** ☐ Delete TITLE ☐ Change ☐ Addition NAME APPLEBY, ED NAME STREET ADDRESS 700-900 EAST SUNRISE BLVD. STREET ADDRESS CITY-ST-ZIP C!TY-ST-ZIP FORT LAUDERDALE FL 33304 V/T/S Change TITLE ☐ Delete TITI F Addition NAME FRANCIS, KIRK J NAME STREET ADDRESS STREET ADDRESS 700-900 EAST SUNRISE BLVD. CITY-ST-ZIP FORT LAUDERDALE FL 33304 CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND

FILED