## 2001 UNIFORM BUSINESS REPORT (UBR)

## May 17, 2001 8:00 am § Secretary of State DOCUMENT # P94000055030 05-17-2001 91003 001 \*1,200.00 NATIONAL AUTO PROPERTIES - 2. INC. Principal Place of Business Mailing Address 1446 COURT STREET 1446 COURT STREET 71781 CLEARWATER FL 33756 CLEARWATER FL 33756 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 86-0768362 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 ELMORE, DAVID Street Address (P.O. Box Number is Not Acceptable) 1446 COURT STREET CLEARWATER FL 33756 City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Atter MAY 1, 2001 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 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Addition CR2E034 (10/00) DP TITLE ☐ Change TITLE Delete NAME LEVIN, LEONARD D. NAME STREET ADDRESS 1446 COURT STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL 33756 ■ Addition ☐ Delete TITLE ☐ Change TITLE **VP** NAME NAME ELMORE, DAVID STREET ADDRESS STREET ADDRESS 1446 COURT STREET CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL 33756 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME POLESKY, MYRA A STREET ADDRESS STREET ADDRESS 1900 E. WINDSONG CITY-ST-ZIP CITY-ST-ZIP APACHE JUNCTION AZ 85219 ☐ Delete TITLE Change Addition TITLE **DVPS** NAME NAME LEVIN, CAROL J. STREET ADDRESS STREET ADDRESS 1446 COURT STREET CITY-ST-ZIP CITY-ST-7IP CLEARWATER FL 33756 TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITL F ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

FILED

residen SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR