2000 UNIFORM BUSINESS REPORT (UBR) **FILED** DOCUMENT # P94000089541 Mar 03, 2000 8:00 am 1. Entity Name AL'S AUTO AIR & ELECTRIC, INC. **Secretary of State** 03-03-2000 90115 032 ***158.75 Principal Place of Business Mailing Address 3811 FOWLER STREET 3811 FOWLER STREET FORT MYERS FL 33901 FORT MYERS FL 33911-7347 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0434548 Not Applicable \$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 HICK MAN HICKMAN, ALTON LEE JR. 3811 FOWLER STREET FORT MYERS FL 33901 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 age wand 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 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. **PVST** Change TITLE PYST ☐ Addition TITLE □ Delete HICKMAN, ALTON LEE JR NAME NAME KKHAN. ALTON LEE 3401 WINKLER AVE. EXT. APT. 114 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. MYERS FL ☐ Addition ☐ Delete TITLE TITLE HICKMAN, ALTON LEE JR NAME NAME 3401 WINKLER AVE. EXT., APT. 114 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIE FT. MYERS FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS I. ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE Delete THLE NAME STREET ADDRESS CONTRACTOR OF THE STREET CITY-ST-ZIP

i3. 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 of the address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/2000

941-344-0460

Daytime Phone #