2001 UNIFORM BUSINESS REPORT (UBR) FILED Mar 02, 2001 8:00 am DOCUMENT # P95000084682 **Secretary of State** 1. Entity Name AUTO SUN ROOF OF FLORIDA, INC. 03-02-2001 90061 015 ***150.00 Principal Place of Business Mailing Address 4161 114TH TERRACE NORTH 4161 114TH TERRACE NORTH CLEARWATER FL 33762-4904 CLEARWATER FL 34622 US US 2. Principal Place of Business 3. Mailing Address 4161 114 Th Terrace North Suite, Apt, #, etc. DO NOT WRITE IN THIS SPACE City & State ity & State Applied For 4. FEI Number 59-3348411 CR Not Applicable Zip Country Country **\$8.75** Additional 5. Certificate of Status Desired 33762 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent COWART, ROBERT J. 12000 4TH STREET NORTH APARTMENT 71 ST. PETERSBURG FL 33716 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. DATE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. DVS TITLE DVS ☐ Delete TITLE Change Addition Jones Richard W III NAME JONES, RICHARD W III NAME 753 millsT STREET ADDRESS STREET ADDRESS 853 MILL STREET CITY-ST-ZIP CITY-ST-ZIP 08057 MooresTown MOORESTOWN NJ 08057 **DPT** ☐ Delete TITLE Change Addition TITLE Cowart Robert 1 531 Garland Circle NAME COWART, ROBERT NAME STREET ADDRESS STREET ADDRESS 12000 4TH STREET NORTH APT. 71 Indian Rocks Beach CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33716 TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS 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 address, with all other like empowered

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