2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

TYPED OR PRINTED NAME OF SIGN

FILED DOCUMENT # P96000084964 May 22, 2000 8:00 am 1. Entity Name Secretary of State PETER'S AUTO SALES, INC. 05-22-2000 90079 028 ***150.00 Principal Place of Business Mailing Address 335 MOCKINGBIRD LANE 335 MOCKINGBIRD LANE **RAY 16-17 BAY 16-17** LANTANA FL 33311-2029 LANTANA FL 33462 3. Mailing Address 2. Principal Place of Business 3099 N.W 28 TA STREET 3099 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number LANDENSALE LAKES FL. 65-0701103 guderbale Not Applicable Country Brow AR D Zip \$8.75 Additional 5. Certificate of Status Desired_ ROWARD-333*1*1 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent THOMPSON, PEARSON M Street Address (P.O. Box Number is Not Acceptable) 335 MOCKINGBIRD LANE **BAY 16-17** LANTANA FL 33462 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. DATE Signature, typed or printed name of registered agent and title if applicable. 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Change ☐ Addition TITLE PRESIDENT TITLE ☐ Delete NAME NAME GARDNER, ALLISON A REALEON M. THOMPSON 3099 N W 28 TH STREET STREET ADDRESS STREET ADDRESS 335 MOCKINGBIRD LANE, BAY 16-17 CITY-ST-ZIP LANDGEDAIG LAKES EL 33311 CITY-ST-ZIP LANTANA FL 33462 Allison A GARANGE V. PRESIDENTS Change TITLE TITLE ☐ Delete 3099 NW 28TH STREET THOMPSON, PEARSON M NAME NAME -STREET ADDRESS STREET ADDRESS 335 MOCKINGBIRD LANE, BAY 16-17 LAUDERDAIG LAKES PL 33311 CITY-ST-ZIP CITY-ST-ZIP LANTANA FL 33462 ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS 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.

M. THUNKUN 5-+00