## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 15, 2002 8:00 am Secretary of State P96000087552 DOCUMENT # 1. Entity Name 05-15-2002 90002 007 \*\*\*150 00 DOUG'S PERFORMANCE AUTOMOTIVE, INC. Principal Place of Business Mailing Address 6060 28TH ST EAST 6060 28TH ST EAST HNIT 4 UNIT 4 **BRADENTON FL 34203 BRADENTON FL 34203** US us 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0701645 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 THURMOND, DOUGLAS E Street Address (P.O. Box Number is Not Acceptable) 6060 28 STREET EAT UNIT 4 **BRADENTON FL 34203** 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. 4/26/02 DOUGLAS THURMOND PLACES (NOTE: Registered Agent's ghature required Men reinsfating) ed 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 Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 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 CR2E034 (9/01) TITLE ☐ Delete TITLE ☐ Change ☐ Addition THURMOND, DOUGLAS E NAME NAME STREET ADDRESS 6060 28 STREET EAST UNIT 4 STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34203** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME THURMOND, JAMES E NAME STREET ADDRESS 4836 BLISS RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34233 TITLE Delete TITLE Change Addition NAME Thurmond, Alma D NAME STREET ADDRESS STREET ADDRESS 5732 12TH ST. E. CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34203** TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS

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 an other like empowered.

CITY-ST-7IP

SIGNATURE: DOUGLAS THURMOND
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP

oras. 4/0

7510106 Daytime Phone #

FILED