2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P96000091135** Apr 03, 2000 8:00 am Secretary of State JG BLACK AUTOMOTIVE, INC. 04-03-2000 90117 018 ***150.00 Principal Place of Business Mailing Address, 307 FERNDALE AVE 307 FERNDALE AVE SOUTH DAYTONA FL 32119-2108 SOUTH DAYTONA FL 32119 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3409801 Not Applicable Country Zip Country \$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 Name BLACK, JAMES G Street Address (P.O. Box Number is Not Acceptable) 307 FERNDALE AVE SOUTH DAYTONA FL 32119 Zip Code FL 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 it applicable (NOTE, Registered Agent signature required when reinstating) FILÊ 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, 2000 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 12. 11. Addition Change TITLE TITLE ☐ Delete BLACK, JAMES G NAME NAME 307 FERNDALE AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SOUTH DAYTONA FL Addition ☐ Change ☐ Delete TITLE TITLE BLACK, KAREN L NAME NAME STREET ADDRESS 307 FRENDALE AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SOUTH DAYTONA FL Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Addition ☐ Change ☐ 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-ZIP CITY-ST-ZIF

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 this Tensiver 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 chapted or on a retaining that has address, with all other like empowered. with an address, with all other like empowered. changed, or on ar SIGNATURE:

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR