

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000035749

1. Entity Name
Jalopy's INC

FILED
May 19, 2001 8:00 am
Secretary of State

05-19-2001 90273 014 ***150.00

Principal Place of Business Mailing Address
2204 Washington Ave SAME
Titusville FL 32780

AAU62237

2. Principal Place of Business 3. Mailing Address

Subs. Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 592945302 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

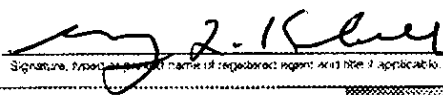
6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Kimball Gary L
7015 Riveredge Dr
Titusville FL 32780

Name Kimball Gary L
Street Address (P.O. Box Number is Not Acceptable)
7015 Riveredge Dr
City Titusville FL Zip Code 32780

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  2. Kimball

4-23-00

Signature, typed and printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
AFTER MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Pres + Sec
NAME Kimball Gary L
STREET ADDRESS 7015 Riveredge Dr
CITY-ST-ZIP Titusville FL 32780 ☐ Delete

TITLE Tres
NAME Jones Leonard D
STREET ADDRESS 5325 US 1
CITY-ST-ZIP Mims FL 32754 ☐ Delete

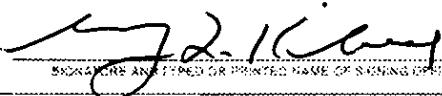
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true 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

SIGNATURE:  2. Kimball

4-23-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)