2002 UNIFORM BUSINESS REPORT (UBR)

FILED Jul 28, 2002 8:00 am Secretary of State DOCUMENT # P97000045504 1. Entity Name MID-FLORIDA AUTO WHOLESALE, INC. 07-28-2002 90197 023 ***550.00 Principal Place of Business Mailing Address 4135 S HWY 17-92 4135 \$ HWY 17-92 CASSELBERRY FL 32707 CASSELBERRY FL 32707 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 59-3454759 Zip Not Applicable Country 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 BLACK, FRANK Street Address (P.O. Box Number is Not Acceptable) 4135 S HWY 17-92 CASSELBERRY FL 32707 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 \$5.00 May Be (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change NAME **BRIAN BLACK** ☐ Addition NAME STREET ADDRESS 601 LANDINGS PL STREET ADDRESS CITY-ST-7IP LONGWOOD FL 32750 CITY-ST-7IP TITLE ☐ Delete TITLE NAME Change ☐ Addition VICKIE BLACK NAME STREET ADDRESS 7057 CARDINALWOOD CT STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32818 CITY-ST-ZIP ☐ Delete NAME ☐ Change Addition FRANK BLACK STREET ADDRESS 7057 CARDINALWOOD CT STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32818 CITY-ST-7IP TITLE ☐ Delete TITLE NAME Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change NAME ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE

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 changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

NAME

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR FRINCED NAME OF SIGNING OFFICER OF

Change

☐ Addition

CR2E034 (9/01)