6/6/

FILED
Jul 04, 2002 8:00 am
Secretary of State
06-06-2002 90086 003 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

[redacted]

DOCUMENT # P97000064325

1. Entity Name
Big Lake Auto Sales & Service INC

DO NOT WRITE IN THIS SPACE

37586
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2. Principal Place of Business	3. Mailing Address
1107 SE Hwy 441	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Okeechobee Fla	City & State: Same
Zip: 34974 / Country:	Zip: Same / Country:

4. FEI Number: 650773134 — Applied For ☐ Not Applicable ☐

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: Brenda Phillips
Street Address (P.O. Box Number is Not Acceptable): 1107 SE Hwy 441
City: Okeechobee FL Zip Code: 34974

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: Brenda Phillips
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	Pres.	TITLE	
NAME	Brenda Phillips	NAME	
STREET ADDRESS	1107 SE Hwy 441	STREET ADDRESS	
CITY-ST-ZIP	Okee, Fla 34974	CITY-ST-ZIP	
TITLE	Sec	TITLE	
NAME	Brenda Phillips	NAME	
STREET ADDRESS	1107 SE Hwy 441	STREET ADDRESS	
CITY-ST-ZIP	Okee, Fla 34974	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

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CR2E034B (12/01)

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

SIGNATURE: Brenda Phillips — 6-1-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #