2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # **P98000002922** Apr 25, 2000 8:00 am Secretary of State PHIL SMITH IMPORTS, INC. 04-25-2000 90016 008 ***150.00 Mailing Address Principal Place of Business 3801 W SUNRISE BLVD 3801 W SUNRISE BLVD FT LAUDERDALE FL 33311-6301 FT LAUDERDALE FL 33311 3. Mailing Address 2. Principal Place of Business 946 US Highway 1 South DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0804487 Not Applicable Vero Beach, FL Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 32962 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **HUMPHRIES, J GREGORY** Street Address (P.O. Box Number is Not Acceptable) 20 N ORANGE AVE STE 1000 ORLANDO FL 32801-4626 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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, 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 11. OFFICERS AND DIRECTORS 12. DPS Delete TITLE Change Addition TITLE SMITH, PHILIP P NAME NAME STREET ADDRESS STREET ADDRESS 3801 W SUNRISE BLVD CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33311 ☐ Addition VTCF Change TITLE ☐ Delete VTD DAYHOFF, MICHAEL R NAME DAYHOFF, MICHAEL R 3801 W. SUNRISE BLVD 3801 W. SUNRISE BLVD STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL 33311 CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33311 ☐ Change Addition Delete TITLE TITLE DEGROFF, DONNA NAME NAME 3801 W. SUNRISE BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33311 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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. of the corporation or the receiver or trustee empower changed, or on an attachment with an address, with

Daytime Phone #

Date