2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P98000020843 Apr 10, 2000 8:00 am Secretary of State AFTERMARKET BUSINESS CONSULTANTS & SALES, INC. 04-10-2000 90084 031 ***150.00 Principal Place of Business Mailing Address 4477 N.W. 79TH TERRACE ROAD 4477 N.W. 79TH TERRACE ROAD OCALA FL 34482 OCALA FL 34482-2091 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 70145 Box Applied For 4. FEI Number 59-3498741 TN Not Applicable Country_ \$8.75_Additional \Box 5. Certificate of Status Desired 177-0145 Fee Required 6. Name and Address of Jurrent Registered Agent 7. Name and Address of New Registered Agent nc4AMartino EA NEDELISKY, DARYL K ESQ 1650 NORTHWEST 38TH AVENUE **OCALA FL 34482** 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 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 OFFICERS AND DIRECTORS 11. 12. ☐ Addition ☐ Delete TITLE. TITLE tewart, Donald M NAME NAME STEWART, DONALD M PO BOX 770145 STREET ADDRESS 4477 N.W. 79TH TERRACE ROAD STREET ADDRESS Memphis, TN 38177-0145 CITY-ST-ZIP CITY-ST-ZIP **OCALA FL 34482** Addition ☐ Delete TITLE fewart, Teresa J. NAME STEWART, TERESA J NAME PO BOX 770145 STREET ADDRESS 4477 N.W. 79TH TERRACE ROAD STREET ADDRESS Memphis, TN 38177-0145 CITY-ST-ZIP CITY-ST-ZIP OCALA FL 34482 ☐ Delete TITLE ☐ Addition 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 ☐ Change ☐ Addition ☐ 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-7IP 13. I hereby certify that the information supplied with this filling 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.

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO