2002 UNIFORM BUSINESS REPORT (UBR)

Jul 16, 2002 8:00 am Secretary of State DOCUMENT # P98000037412 1. Entity Name 07-16-2002 90361 006 ***550.00 DON'S AUTO SALES OF NORTH FLORIDA, INC. Principal Place of Business Mailing Address 369 BLANDING BLVD 369 BLANDING BLVD STE N-19 STE N-19 ORANGE PARK FL 32073 **ORANGE PARK FL 32073** 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 65-0832127 Not Applicable Zip Country Zip 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 Name JOHNSON, DON Street Address (P.O. Box Number is Not Acceptable) 369 BLANDING BLVD **UNIT NO 19 ORANGE PARK FL 32073** 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. 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 FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PS TITLE ☐ Delete TITLE Change Addition NAME JOHNSON, DON NAME 2584 SUNRIDGE COURT STREET ADDRESS STREET ADDRESS ORANGE PARK FL 32065 CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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.

CITY-ST-ZIP

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Department of State -

Enclosed is a check for \$550.00, however, I feel this is not entirely fair as I never received a FIRST notice. I realize this is my responsibility, but I depend on government notices/bills for what and when I owe a fee. It would be stupid on my part to not pay the first notice had I received it. I am a "one man" business and every dollar counts. If you have any power to help me out with even a partial refund I would be very greatful.

Sincerely,

Don Johnson

Dow Johnson

Don's Auto Sales of N. Fla., Inc.