2001 UNIFORM BUSINESS REPORT (UBR)

Aug 17, 2001 8:00 am Secretary of State P98000077213 **DOCUMENT #** 1. Entity Name CLEARWATER AUTO ELECTRIC, INC. 08-17-2001 90002 028 ***550 00 Principal Place of Business Mailing Address 1415 S. GREENWOOD AVE. 1415 S. GREENWOOD AVE. **CLEARWATER FL 33756 CLEARWATER FL 33756** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3531455 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 PEREURA, STEPHEN P Street Address (P.O. Box Number is Not Acceptable) 10 S. DUNCAN AVE. **CLEARWATER FL 33755** City 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) DATE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After September 12, 2001 Fee will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. (5/01)TITLE ☐ Defete TITLE Change ☐ Addition NAME PEREIRA. STEPHEN P NAME CR2E034 STREET ADDRESS STREET ADDRESS 10 S. DUNCAN AVE. CITY-ST-7IP CITY-ST-ZIP **CLEARWATER FL 33755** TITLE ☐ Delete TITLE Change Addition NAME BACCHUS, AGA NAME STREET ADDRESS STREET ADDRESS 2282 SPRINGFLOWER DR. CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33763** Delete TITLE ☐ Addition TITLE ☐ Change NAME NAME Pereira, Cindy G STREET ADDRESS STREET ADDRESS 10 S. DUNCAN AVE. CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33755** Delete TITLE TITHE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP