2002 UNIFORM BUSINESS REPORT (UBR)

May 28, 2002 8:00 am Secretary of State DOCTMENT # 1. Entity Name P98000077213 05-28-2002 91745 004 ***150.00 CLEARWATER AUTO ELECTRIC, INC. 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 4. FEI Number Applied For 59-3531455 Not Applicable Ζiρ Zip Country Country S8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent aka assa sa a a a PEREIRA, 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible After May 1, 2002 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition PEREIRA, STEPHEN P NAME NAME 10 S. DUNCAN AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CLEARWATER FL 33755 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition BACCHUS, AGA NAME NAME STREET ADDRESS 2282 SPRINGFLOWER DR. STREET ADDRESS CITY-ST-ZIP CLEARWATER FL 33763 CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME PEREIRA, CINDY G NAME STREET ADDRESS 10 S. DUNCAN AVE. STREET ADDRESS CITY-ST-7IP CLEARWATER FL 33755 CITY-ST-ZIP DILE Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete . [] Change Addition NAME NAME

13. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Hurther 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

4/16/02 127-446-752

FILED