

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Jun 06, 2000 8:00 am**
Secretary of State

06-06-2000 90488 002 ***150.00

DOCUMENT # P98000084681**1. Entity Name** J. Ed Floyd Motors, Inc.**Principal Place of Business**
4215 Southpoint Boulevard
Suite 100
Jacksonville, FL 32216
Mailing Address
4215 Southpoint Boulevard
Suite 100
Jacksonville, FL 32216**2. Principal Place of Business**
P.O. Box 551260
Suite, Apt. #, etc.**3. Mailing Address**
P. O. Box 551260
Suite, Apt. #, etc.**City & State**
Jacksonville, FL**City & State**
Jacksonville, FL**4. FEI Number** 59-3535353**Applied For**
Not Applicable**Zip** 32255
Country**Zip** 32255
Country**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

853543

6. Name and Address of Current Registered AgentMichael N. Schneider
4215 Southpoint Boulevard, Suite 100
Jacksonville, FL 32216**7. Name and Address of New Registered Agent****Name**
Michael N. Schneider
Street Address (P.O. Box Number is Not Acceptable)
5150 Belfort Road
Building 100
City Jacksonville **FL** **Zip Code** 32256**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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00.**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS****TITLE** DPST ☐ Delete
NAME Ramaghi, Reza
STREET ADDRESS 103325 Walnut Bend Road
CITY-ST-ZIP Jacksonville, FL 32257**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
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CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** ☒ Change ☐ Addition
NAME
STREET ADDRESS 6600 Blanding Boulevard
CITY-ST-ZIP Jacksonville, FL 32244**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
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NAME
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CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
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.****SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #