FILED 2000 UNIFORM BUSINESS REPORT (UBR) Mar 13, 2000 8:00 am Secretary of State DOCUMENT # P98000099951 CAPITAL AXLE & PARTS INC. 1 03-13-2000 90012 041 ***150.00 Principal Place of Business Mailing Address 1540 CAPITAL CIR. S.W. 1540 CAPITAL CIR. S.W. TALLAHASSEE FL 32310 TALLAHASSEE FL 32310-9208 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc Applied For City & State City & State 4. FEI Number 59-3544372 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LEE, WENDY G Street Address (P.O. Box Number is Not Acceptable) 1540 CAPITAL CIR. S.W. TALLAHASSEE FL 32310 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 (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filling 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 11. OFFICERS AND DIRECTORS 12. ☐ Addition CH2E034 (9/99) TIT) F ☐ Change TITLE Delete NAMĖ. NAME LEE, TERRY E STREET ADDRESS STREET ADDRESS 1533 RANKIN AVE. CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32310 ☐ Change ☐ Addition TITLE ☐ Delete NAME LEE, WENDY G STREET ADDRESS STREET ADDRESS 1533 RANKIN AVE. CITY-ST-ZIP CITY-ST-ZIP <u>TALLAHASSEE FL 32310</u> ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 eath; 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 Stock 12 if

changed, or on an attachment with ar

SIGNATURE:

address, with all other like empoy

OF SIGNING OFFICER OR DIRECTOR

3-800 576-009

Daytime Phone