

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2000 8:00 am**  
**Secretary of State**

04-25-2000 90028 038 \*\*\*158.75

040401



DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000100119

1. Entity Name

3D AUTOMOTIVE, INC.

Principal Place of Business

Mailing Address

MIMOSA DRIVE  
 PALATKA FL 32177

200 MIMOSA DRIVE  
 PALATKA FL 32177-9166

2. Principal Place of Business

4011 Crill Ave.  
 Suite, Apt. #, etc.

3. Mailing Address

4011 Crill Ave.  
 Suite, Apt. #, etc.

City & State  
 Palatka, FL

City & State  
 Palatka, FL

4. FEI Number 59-3544983

Applied For  
 Not Applicable

Zip 32177

Country U.S.

Zip 32177

Country U.S.

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DUBOSE, JOHNNY M  
 200 MIMOSA DRIVE  
 PALATKA FL 32177

7. Name and Address of New Registered Agent

Name Larry DuBose  
 Street Address (P.O. Box Number is Not Acceptable)  
 3219 S. Palm Ave.  
 City Palatka FL Zip Code 32177

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 Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	S	<input type="checkbox"/> Delete
NAME	DUBOSE, GEORGENA	
STREET ADDRESS	1501 N. PALM AVE	
CITY-ST-ZIP	PALATKA FL 32177	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	DUBOSE, JOHNNY M	
STREET ADDRESS	200 MIMOSA DRIVE	
CITY-ST-ZIP	PALATKA FL 32177	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VP/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dubose, Georgena	
STREET ADDRESS	1501 S. Palm Ave.	
CITY-ST-ZIP	Palatka FL 32177	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Larry DuBose	
STREET ADDRESS	3219 S. Palm Ave	
CITY-ST-ZIP	Palatka FL 32177	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/18/00

Date

(904) 312-9700

Daytime Phone #

CF 1034 (9/99)