


**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 10, 2003 8:00 am**  
**Secretary of State**

03-10-2003 90742 020 \*\*\*150.00

**DOCUMENT # P99000011555**

1. Entity Name  
**K & C AUTOMOTIVE, INC.**



Principal Place of Business  
**5402 W LAUREL ST  
TAMPA FL 33607**

Mailing Address  
**5402 W LAUREL ST  
TAMPA FL 33607**



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3558143**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**HUGHES, ELIZABETH  
401 E. HENDERSON AVE.  
TAMPA FL 33602**

7. Name and Address of New Registered Agent

Name **Hughes, Elizabeth**

Street Address (P.O. Box Number Not Acceptable) **5402 W. Laurel St**

City **Tampa** State **FL** Zip Code **33607**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Elizabeth Hughes** DATE **3-6-03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HUGHES, ELIZABETH</b> <b>5402 W LAUREL ST</b> <b>TAMPA FL 33607</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>HUGHES, GORDON B</b> <b>5402 W LAUREL ST</b> <b>TAMPA FL 33607</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Elizabeth Hughes** DATE **3-6-03 (813) 277-**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)