2000 UNIFORM BUSINESS REPORT (UBR)

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

of the corporation or the rece changed, or on an attachm

SIGNATURE:

Sep 11, 2000 8:00 am Secretary of State DOCUMENT # **P99000015025** 1. Entity Name STREET SCENE AUTO GEAR & ACCESSORIES, INC. 09-11-2000 90002 017 ***150.00 Principal Place of Business Mailing Address 598 SOUTH COUNTY ROAD 427 598 SOUTH COUNTY ROAD 427 RUUUTUUT LONGWOOD FL 32750-5411 LONGWOOD FL 32750 2. Principal Place of Business 1. (((4)) ((2)) ((1)) 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent O'BAKER, CLYDE E Street Address (P.O. Box Number is Not Acceptable) WOLFE, YOUNG, O'BAKER & COMPANY 5100 HIGHWAY 17-92, SUITE 200 CASSELBERRY FL 32707 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (9/99) ☐ Change ☐ Addition **DPT** ☐ Delete TITLE TITLE NAME NAME **ERB. RICHARD** STREET ADDRESS STREET ADDRESS 24 GUMTREE COURT CITY-ST-ZIP CITY-ST-ZIP WINTER SPRINGS FL 32708 Change ☐ Addition TITLE Delete TITLE MORIARTY, ROBERT NAME NAME STREET ADDRESS STREET ADDRESS 233 WEST PALMETTO AVENUE 7. CITY-ST-7IP CITY-ST-ZIP LONGWOOD FL 32750 ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME . STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP his filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 owered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if I hereby certify that the informating indicated on this report or supplemental to the control of on supplied with

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Doc# P99000015025

To whom it concerns

I realize now I am filing lake but I was unawave of the exporation the form are new to me I am adjusting to this now-entity-and-had-just-changed accountants and lost my partner I was not love I could stay an 5 corporation, I have lince found out theed to keep everything the Jame and this form thould have been Sent in I will no longer have trouble with thu, I apologise for any inconvenience, and II want our of my entity. Stating this explanation t am hoping this form and fee is acceptable if not please inform me.

Thank you.

407 339-5224 Richard E Erb President Street Sane arrogear