2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

DOCUMENT # P99000032319 May 09, 2000 8:00 am Secretary of State BUCHANAN AUTOMOTIVE HOLDINGS, INC. 05-09-2000 90028 038 ***158.75 Principal Place of Business Mailing Address 707 S WASHINGTON BOULEVARD 707 S WASHINGTON BOULEVARD SARASOTA FL 34236-7835 SARASOTA FL 34236 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ICARD, MERRILL, CULLIS, TIMM, FUREN & GINS 2033 MAIN STREET SUITE 600 SARASOTA FL 34237 e purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits this st SIGNATURE Signature, typed or printed name of rec ered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. , D ☐ Addition ☐ Delete TITLE BUCHANAN, VERNON G NAME 707 S WASHINGTON BOULEVARD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34236 CITY-ST-ZIP **X**Addition Change ☐ Delete TITLE TITLE Rosa, Salvatore NAME 707 S. Washington Blvd. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Sarasota FL 34236 Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 in