2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # P99000036709 Jun 29, 2000 8:00 am 1. Entity Name **Secretary of State** FLORIDA CUSTOM CARS & PARTS, INC. 06-05-2000 90004 016 ***150.00 Mailing Address Principal Place of Business 2336 FRUITVILLE ROAD 2336 FRUITVILLE ROAD SARASOTA FL 34237-6114 SARASOTA FL 34237 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State Not Applicable Zìp Country \$8.75 Additional Zip Country Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HECKER, SUSAN BARRETT ESQ. Street Address (P.O. Box Number is Not Acceptable) 200 S. ORANGE AVE. SARASOTA FL 34236 Zip Code City 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) Sugrature, typed or orinted name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. OFFICERS AND DIRECTORS fresident TITLE Defete TITLE Tony Salerno NAME NAME 2336 Fruitville Rd, Sorooota PL 34237 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE Jules R. Von Landuut NAME NAME STREET ADDRESS STREET ADDRESS 2336 Pruitville Rd Scrooota PL 34237 CITY-ST-71P CITY-ST-ZIP Change TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP Addition ☐ Change Delete JID F NAME TO SE NAME STREET ADORESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Deleta NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITYEST-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 attach, (ules R VAN LINDUYT 4-28-00 95)