## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 24, 2002 8:00 am & Secretary of State DOCUMENT # P99000047366 1. Entity Name NAPLES AUTO ELECTRIC-BONITA SPRINGS, INC. 05-24-2002 91291 005 \*\*\*158.75 Principal Place of Business Mailing Address 3126 DAVIS BLVD 3126 DAVIS BLVD 404100 NAPLES FL 34104 NAPLES FL 34104 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0927066 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired -6. Name and Address of Current Registered Agent ---7.-Name and Address of New Registered Agent ----Name DICKERSON, JASON Street Address (P.O. Box Number is Not Acceptable) 3126 DAVIS BLVD NAPLES FL 34104 City Zip Code 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 **\$5.00** May Be Trust Fund Contribution. (See criteria on back) : " Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition CR2E034 (9/01) Change DICKINSON, JASON NAME NAME STREET ADDRESS 3126 DAVIS BLVD. STREET ADDRESS CITY-ST-ZIP NAPLES FL 34104 CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition 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-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

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**FILED**