## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

SIGNATURE:

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| UNIFUNI BUSINE   | -33 NEPUM   | i (Meu)   | * * * *   | ıb   |                                   |                    |  |   |  |
|--|---|---|---|--|-----------------------------------|--------------------|--|---|--|
| DOCUMENT # P990000 49 418 1. Entity Name  JAX City Motors, INC.  DO NOT WRITE IN THIS SPACE  |   |   | FILED  02 DEC 30 PH I2: 05  SECRETARY OF STATE TALLAHASSEE, FLORIDA   |  |                                   |                    |  |   |  |
|  |   |   |   |  | 2. Proping Phone of Plaining / Ol | 2 Mailing Add      |  | _ |  |
|  |   |   |   |  | 9943 Beach Bluc                   | 3. Mailing Address |  |   |  |
| Suite, Apt. #, etc.  | Suite, Apt. # etc.  |   | DO NOT WRITE IN THIS SPACE  |  |                                   |                    |  |   |  |
| Jan & State  | City & State  |   | 4. F5 9355889/ Applied For Not Applicable   |  |                                   |                    |  |   |  |
| 37246 Phylol   | Zip James   | Col   | 5." Certificate of Status Desired   | \$8.75 Additional Fee Required   |                                   |                    |  |   |  |
|  | 70004   | Name 1  | 7. Name and Address of Current Regis  |  |                                   |                    |  |   |  |
| DO NOT W   | RITE  | Name 6  | CK BORCHAL  | 0:   |                                   |                    |  |   |  |
| IN THIS SPACE  |   |   | ROYALFAIM   | vive   |                                   |                    |  |   |  |
| 114 11110 05   | ACL   | s to  |   |  |                                   |                    |  |   |  |
|  |   |   | <u> </u>  | FL 57750   |                                   |                    |  |   |  |
| 8. The above named entity submits this statement to  | r the purpose of changing it  | s registered office or registe  | ered agent, or both, in the State of Florida.   | 17 010   |                                   |                    |  |   |  |
| SIGNATURE Signature typed or printed name of registered agent a  | PCUAN (NO.  | TE: Registered Agent signature require  | ad when reinstalling)   | 15-15-0L   |                                   |                    |  |   |  |
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  | After May   | May 1 Fee is \$150.00<br>/ 1, Fee is \$550.00<br>od UBR is \$61.25                          | Election Campaign Financing     Trust Fund Contribution.  | \$5.00 May Be  |                                   |                    |  |   |  |
| (See criteria on back)  11. OFFICERS AND   | Make Check Paya   | ble to Department of St   |   |  |                                   |                    |  |   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP  | In Drue   | TITLE NAME STREET ADDRESS CITY-ST-ZIP   | <b>80000952</b> 0<br>12/16/020104300  | )798<br>8 **150.00   |                                   |                    |  |   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | · · · · · · · · · · · · · · · · · · ·   | TITLE NAME STREET ADDRESS CITY-ST-ZIP   | <b>80000952</b> 0<br>12/16/020104300  | 1798<br>9 **150.00   |                                   |                    |  |   |  |
| TITLE  |   | TITLE   |   |  |                                   |                    |  |   |  |
| NAME<br>STREET ADDRESS   |   | STREET ADDRESS  | DO NOT W  | RITE   |                                   |                    |  |   |  |
| CITY-ST-ZIP ~  | <del></del>   | CHY-ST-ZIP-   |   |  |                                   |                    |  |   |  |
| NAME STREET ADDRESS CITY-ST-ZIP  |   | NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | IN THIS SP  | ACE  |                                   |                    |  |   |  |
| TITLE  |   | TITLE   |   |  |                                   |                    |  |   |  |
| NAME<br>STREET ADDRESS   |   | NAME<br>STREET ADDRESS  |   |  |                                   |                    |  |   |  |
| CITY-ST-ZIP  |   | CITY-ST-ZIP   |   |  |                                   |                    |  |   |  |
| TITLE  |   | TITLE<br>NAME   |   |  |                                   |                    |  |   |  |
| STREET ADDRESS   |   | STREET ADDRESS  |   | . <b></b>  |                                   |                    |  |   |  |
| CITY-ST-ZIP  |   | CITY-ST-ZIP   |   | <u> </u>   |                                   |                    |  |   |  |
| 13. I hereby certify that the information supplied with<br>indicated on this report or supplemental reports<br>of the corporation or the receiver or hunder emp<br>attachment with an address, with at one like em | this filing does not qualify for<br>true and accurate and that<br>overed to execute this repo<br>powered. | or the exemption stated in S<br>my signature shall have the<br>ort as required by Chapter ( | Section 119.07(3)(i), Florida Statutes. I furthe<br>is same legal effect as if made under oath; the<br>607, Florida Statutes; and that my name ap | r certify that the information<br>at I am an officer or director<br>bears in Block 11 an |                                   |                    |  |   |  |

## JAX CITY MOTORS 9943 BEACH BLVD JACKSONVILLE, FL 32246 904-928-0325

TO: FLORIDA DEPARTMENT OF STATE,

\_ \_ DEPT\_OF CORPORATIONS

RE: RENEWAL FILING FOR CORPORATION-JAX CITY MOTORS INC.

## TO WHOM IT MAY CONCERN:

PLEASE BE ADVISED THAT OUR CORPORATION RELOCATED TO A NEW BUILDING EFFECTIVE JULY 10,2001. BECAUSE OF SUCH WE DID NOT RECEIVE A RENEWAL OFFER FOR OUR CORPORATION. WE WERE UNAWARE THAT OUR CORPORATION WAS CURRENTLY INACTIVE UNTIL WE WERE RECENTLY NOTIFIED BY OUR INSURANCE COMPANY. WE REGRET THAT THIS MATTER WAS NOT BROUGHT TO OUR ATTENTION IN A MORE TIMELY MANNER. PLEASE CHANGE OUR CORPORATE ADDRESS TO 9943 BEACH BLVD; JAX, FL 32246. WE HUMBLY REQUEST THAT IF AT ALL POSSIBLE THE LATE FEES FOR THE RENEWAL BE WAIVED. ENCLOSED IS A CHECK FOR THE \$150.00 FOR THE ORIGINAL CORPORATION RENEWAL FEE. AGAIN WE APOLOGIZE FOR NOT RECEIVING THE INITIAL NOTIFICATION OF RENEWAL THAT YOU SENT TO OUR PREVIOUS ADDRESS. PLEASE CONTACT OUR OFFICE DIRECTLY IF THERE ARE ANY PROBLEMS WITH THE RENEWAL ATTACHED SO THAT WE MAY PROMPTLY RESPOND.

OUR SINCEREST REGARDS,

**ECK BOECHAT**