## 2001 UNIFORM BUSINESS REPORT (UBR)

## May 11, 2001 8:00 am Secretary of State DOCUMENT # P99000051566 PLANTATION AUTOMOTIVE, INC. 05-11-2001 90124 019 \*\*\*150.00 Principal Place of Business Mailing Address 328 US HWY 84 EAST ~ P.O. BOX 526 **CAIRO GA 31728 CAIRO GA 31728** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3589558 Not Applicable Zip Country \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HAMPTON, LANCE Street Address (P.O. Box Number is Not Acceptable) 7110 BEECH RIDGE TRAIL TALLAHASSEE FL 32312 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) 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, 2001 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE ☐ Addition ☐ Delete TITLE 1473 Crine 1314 HILL, GENE NAME NAME, STREET ADDRESS STREET ADDRESS 7110 BEECH RIDGE TRAIL Carro, 6A 31728 CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32312 TITLE M Change ☐ Addition ☐ Delete NAME NAME HILL, KAY 1473 Crine Blud STREET ADDRESS STREET ADDRESS 7110 BEECH RIDGE TRAIL Ca110, 6A 31728 CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32312 Change - - Addition TITLE 221 Covinstan Ave, Ap+ 4213 REEVES, TONY NAME NAME STREET ADDRESS STREET ADDRESS 7110 BEECH RIDGE TRAIL Thomasv. 11c, 6A 31792 CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32312 **Change** ☐ Delete TITLE TITLE 2319 64tes Dr NAME NAME-HAMPTON, LANCE STREET ADDRESS STREET ADDRESS 7110 BEECH RIDGE TRAIL To 11shassec, FL 3)31) CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32312 TITLE ☐ Delete ■ Addition NAME ; NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: