2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 22, 2000 8:00 am Secretary of State DOCUMENT.# P99000066836 1. Entity Name 1 RANDY'S AUTO & SERVICE CENTER, INC. 04-22-2000 90053 038 ***150.00 Principal Place of Business Mailing Address 5270 44TH AVENUE NORTH 5270 44TH AVENUE NORTH ST. PETERSBURG FL 33709-5550 ST. PETERSBURG FL 33709 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number 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 Name LLOYD, RANDOLPH M Street Address (P.O. Box Number is Not Acceptable) 5270 44TH AVENUE NORTH ST. PETERSBURG FL 33709 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 DATE 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 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 OFFICERS AND DIRECTORS 12. 11. D, P, VP, S, T ☐ Addition ☐ Delete TITLE TITLE LLOYD, RANDOLPH M (. TO C NAME NAME THE STATE STREET ADDRESS STREET ADDRESS 5270 44TH AVENUE NORTH CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33709 ☐ Change ☐ Addition ☐ Detete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete 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 TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Detete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption 3)(i), Florida Statutes. I further certify that the information ane legal effect as if made under oath; that I am an officer or director o7, Florida Statutes; and that my name appears in Block 11 or Block 12 if indicated on this report or supplemental report is true and accurate and that my signature shof the corporation or the receiver or trustee empowered to execute this report as required by rt as required by (changed, or on an attachment with an

Daytime Phone #