2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

DOCUMENT # **P99000070561** Apr 13, 2000 8:00 am Secretary of State 1. Entity Name AUTO-BANK OF DAYTONA, INC. 04-13-2000 90077 025 ***150.00 Principal Place of Business Mailing Address 510 NORTH NOVA ROAD 510 NORTH NOVA ROAD DAYTONA BEACH FL 32114 DAYTONA BEACH FL 32114-1702 3. Mailing Address 2. Principal Place of Business 3962 SW 6th Place DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. <u>Gainesville,</u> Applied For 4. FEI Number City & State City & State Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 32607-2722 Alachua 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent John E. McKenna STORCH, GLENN D ESQ. Street Address (P.O. Box Number is Not Acceptable) STORCH, HANSEN & MORRIS, P.A. 3962 SW 6th Place 1620 S. CLYDE MORRIS BLVD., SUITE 300 DAYTONA BEACH FL 32119 Zip Code 3 2 6 0 7 Gainesville.Fl 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. 14-10-00 SIGNATURE (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, 2000 Fee will be \$550.00 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. Addition Change TITLE Delete TITLE CONWAY, CRAIG NAME NAME 510 NORTH NOVA ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DAYTONA BEACH FL 32114 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NISBETT, RICHARD NAME NAME STREET ADDRESS 510 NORTH NOVA ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DAYTONA BEACH FL 32114 ☐ Delete THILE. ST/Treasurer -TITLE John E. McKenna NAME NAME STREET ADDRESS STREET ADDRESS 3962 SW 6th Place CITY-ST-ZIP CITY-ST-ZIP <u> Gainesville,Fl 32607-2722</u> Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-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

E. MEWENNA STITURE

FILED