## 2001 UNIFORM BUSINESS REPORT (UBR)

## Apr 03, 2001 8:00 am Secretary of State DOCUMENT # P99000096716 1. Entity Name 04-03-2001 90101 049 \*\*\*150.00 LONGWOOD KAR MART, INC. Principal Place of Business Mailing Address 1444 FINSBURY CT. 1444 FINSBURY CT. LAKE MARY FL 32746 LAKE MARY FL 32746 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State = 4 FEI Number 59-3610824 Not Applicable Zip Country 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 TURK, MICHAEL E Street Address (P.O. Box Number is Not Acceptable) 1444 FINSBURY CT. LAKE MARY FL 32746 City Zip Code 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when rainstating) 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. Added to Fees (See criteria on back) Make Check Payable to Department of State CHANGES TO OFFICERS AND DIRECTORS IN-I-I-OFFICERS AND DIRECTORS 12 11. Change ☐ Addition TITLE **PSD** ☐ Delete TITLE NAME TURK, MICHAEL E NAME STREET ADDRESS STREET ADDRESS 1444 FINSBURY CT. CITY-ST-ZIP CITY-ST-ZIP LAKE MARY FL 32746 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY=ST-79 CITY-ST-ZE . Oelsta ... Change Addition TITLE 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 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. SIGNATURE

NAME OF SIGNING OFFICER OR DIRECTOR