~2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # \$70949** Feb 29, 2000 8:00 am 1. Entity Name Secretary of State SOUTH JAX MOTORS, INC. 02-29-2000 90171 048 ***150.00 Principal Place of Business Mailing Address 2238 ATLANTIC BLVD. 2238 ATLANTIC BLVD. JACKSONVILLE FL 32207 JACKSONVILLE FL 32207-3568 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-3169290 Not Applicable Zip Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7.-Neme and Address of New Registered Agent-6. Name and Address of Current Registered Agent Name BARTLETT, BARON Street Address (P.O. Box Number is Not Acceptable) 50 NORTH A1A SUITE 103 PONTE VEDRA BCH FL 32082 City Zip Code FI 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 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. ☐ Addition Change TITLE □ Delete TITLE LABERGE, JANICE B NAME NAME 2238 ATLANTIC BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL ☐ Chance ☐ Addition TITLE ☐ Delete TITLE BUSH, JOHN T. NAME NAME STREET ADDRESS STREET ADDRESS 2238 ATLANTIC BLVD CITY-ST-ZIP CITY-ST-ZIP Jacksonville fl -- Change -- Addition Détete TiTLE: HILL NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Change ☐ Addition ☐ Delete TITLE TITLE 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

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. 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 expressive 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.

STREET ADDRESS CITY-ST-ZIP

TITLE NAME

☐ Delete

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Ge Janice B. Laguage

2/21/00 Daytime Phon

☐ Change

Addition