2000 UNIFORM BUSINESS REPORT (UBR)

5/5/11/00-90003-028-$150.00-$150.00

DOCUMENT

1. Entity Name: SOUTHEAST AUTOMOTIVE CENTER, INC.
1789 CAPITAL CIRCLE SE
TALLAHASSEE, FL 32301

571685

FILED
00 AUG 14 PM 1:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business / Mailing Address
SOUTHEAST AUTOMOTIVE CENTER, INC.
1789 CAPITAL CIRCLE SE
TALLAHASSEE, FL 32301

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country: Leon	Zip / Country: Leon

4. FEI Number: 59-3082801 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
	Name: Michael M. Sellers
	Street Address (P.O. Box Number is Not Acceptable): 1789 Capital Cir SE
	City: Tallah FL — Zip Code: 32301

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] 8-14-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE President ☐ Delete	TITLE ☐ Change ☐ Addition
NAME Mike Heerling	NAME
STREET ADDRESS 1789 Capital Circle SE	STREET ADDRESS
CITY-ST-ZIP Tallahassee Fla 32301	CITY-ST-ZIP
TITLE Vice President ☐ Delete	TITLE ☐ Change ☐ Addition
NAME Mike Sellers	NAME
STREET ADDRESS 1789 Capital Circle SE	STREET ADDRESS
CITY-ST-ZIP Tallahassee Fla 32301	CITY-ST-ZIP
TITLE ☐ Delete	TITLE ☐ Change ☐ Addition
NAME	NAME
STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP
TITLE ☐ Delete	TITLE ☐ Change ☐ Addition
NAME	NAME
STREET ADDRESS	STREET ADDRESS
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TITLE ☐ Delete	TITLE ☐ Change ☐ Addition
NAME	NAME
STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP

CR2E034 (9/99)

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: [signature] Mike Heerling 4-27-00 850-877-9200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

LS