2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S81396

1. Entity Name
CAR CITY AUTO ELECTRIC, INC.

FILED

03 DEC 12 PM 12:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
127 VAN PELT LANE	127 VAN PELT LANE
PENSACOLA FL 32505	PENSACOLA FL 32505

REINSTATEMENT

CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	**4.** FEI Number 59-3091753 — Applied For / Not Applicable
Zip / Country	Zip / Country	**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
STOKES, CHRIS A.	Name STOKES, Dena M
127 VAN PELT LANE	Street Address (P.O. Box Number is Not Acceptable) 11550 Mobile Highway
PENSACOLA FL 32505	City Pensacola, FL FL Zip Code 32526

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $550.00
After September 10, 2003 Fee will be $750.00
Make Check Payable to Florida Department of State

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

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PTD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	STOKES, CHRIS A.		NAME	70002542721?	
STREET ADDRESS	4118 E LEE DR 11550 Mobile Hwy		STREET ADDRESS	12/11/03--01061--001 **61.25	
CITY-ST-ZIP	PACE FL Pensacola, FL 32526		CITY-ST-ZIP		
TITLE	PTD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	STOKES, Dena M.		NAME	12/11/03--01061--001 **61.25	
STREET ADDRESS	11550 Mobile Hwy 32526		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		
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		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Dena M Stokes   SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   7/15/03 Date   850-479-2094 Daytime Phone #

CR2E034 (4/03)