2001
~~2000~~ **UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 25, 2001 8:00 am
Secretary of State
05-22-2001 90015 009 ***150.00

DOCUMENT # S87087

1. Entity Name
FOUR C'S AUTOMOTIVE, INC.

Principal Place of Business	Mailing Address
330 SE 2 AVE DELRAY BEACH FL 33483-4402	330 SE 2 AVE DELRAY BEACH FL 33483-4402

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	1608 LANDIS HWY Suite, Apt. #, etc.
City & State	City & State: MOORESVILLE N.C
Zip / Country	Zip: 28115 / Country: DODGE

4. FEI Number 65-0291721 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

~~CERAOLO, CARL~~
~~14370 LAUREL TRAIL~~
~~WELLINGTON, WPB FL 33414~~ 1501 SW 10TH ST. DELRAY BCH, FL 33444

7. Name and Address of New Registered Agent

Name: CARL CERAOLO 1501 SW 10th ST
Street Address (P.O. Box Number is Not Acceptable): ~~1608 HUNTINGTON LANE~~
DELRAY BCH FL 33444
City: ~~MOORESVILLE~~ ~~N.C~~ Zip Code: ~~28115~~

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

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 $550.00
After SEPTEMBER 13, 2000 Min. will be $750.00
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P CERAOLO, CARL ~~14370 LAUREL TRAIL~~ 1608 HUNTINGTON LN. ~~WELLINGTON, WPB FL 33414~~ MOORESVILLE NC 28115	☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition

CR2E034 (5/00)

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 REQUIRED CARL CERAOLO 4/20/01 704 252-1027
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #