May-01-01 08:56 Carlson Statler 1

FILED
May 18, 2001 8:00 am
Secretary of State
05-18-2001 91555 009 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

OCUMENT # 595046

Entity Name
\AXON Automotive Distributors Inc

incipal Place of Business
6318 U.S. 27 North
Sebring, Fl 33870

Mailing Address
6318 U.S. 27 North
Sebring, Fl 33870

00055492

Principal Place of Business	3. Mailing Address
318 U.S. 27 North	6318 U.S. 27 North
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sebring F	City & State: Sebring F
Zip: 33870 / Country: USA	Zip: 33870 / Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 593097234 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

Scott MAXON
6318 U.S. 27 North
Sebring, Fl 33870

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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. (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)

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	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	Clyde MAXON	NAME	
STREET ADDRESS	4809 BASS Ave	STREET ADDRESS	
CITY-ST-ZIP	Sebring, Fl 33870	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	Scott MAXON	NAME	
STREET ADDRESS	6318 U.S. 27 North	STREET ADDRESS	
CITY-ST-ZIP	Sebring, Fl 33870	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	

CR2E034 (11/00)

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR