2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V68124 Sep 11, 2000 8:00 am Secretary of State 1. Entity Name VALUE MOTORS, INC. 09-11-2000 90017 034 ***150.00 Principal Place of Business Mailing Address 6119 N. PALAFOX ST. 1110 W NINE MILE RD PENSACOLA FL 32503 PENSACOLA FL 32530 Principal Place of Pupine And Le Mailing Addressie mile RIC ENSACOILA FL BAS 34 Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc 10 W. NING 110 W NINE City & State Applied For 4. FEI Number 59-3144440 nsacolo Not Applicable \$8.75 Additional 5. Certificate of Status Desired а Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LORREN, LONNIE D Street Address (P.O. Box Number is Not Acceptable) 98 E. GARDEN ST. STE A PENSACOLA FL 32501 Zip Code 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) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) \Box Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. D TITLE Change ☐ Addition TITLE Delete 1130 WINDER MIRI PEUSACOLA, FL 32534 1130 WINDER MIRI POUSACOLA FC NAME NAME MANGRUM, JOE STREET ADDRESS 1130 W NINE MILE RD STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP PENSACOLA FL 32534 Change ☐ Addition ☐ Delete TITLE TITLE MANGRUM, SARA NAME STREET ADDRESS STREET ADDRESS 1130 W NINE MILE RD CITY-ST-ZIP* CITY-ST-ZIP PENSACOLA FL 32534 ☐ Delete Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

NATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Da



September 5, 2000

Division Corporations
Uniform business Reports Filings
PO Box 1500
Tallahassee FL 32302-1500

To Whom It May Concern:

As per our conversation of September 5, 2000, I am refilling and sending another check. We had the same-problem filling in 1999. In that year we sent three reports and fees before the first report was finally filed and payment could be applied to our account.

I have enclosed a check for \$150 and the second report as advised today. I hope that the report and fee mailed April 6, 2000 for the same amount will be found soon.

If you have any question or concerns, please call 850-476-9112.

Thank you for your attention to this matter.

Sincerely,

Duane Perkins General Manager