9/5/2006-90027-015-$150.00-$150.00 x1

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
2006 OCT 10 AM 9:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F04000007171

1. Entity Name

SALOPEK GOLF CAR & EQUIPMENT CO., INC.

V 60038539

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8765 SOUTH STATE ROUTE 201	8765 SOUTH STATE ROUTE 201
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TIPP CITY, OH	City & State: TIPP CITY, OH
Zip: 45371 Country: USA	Zip: 45371 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 34-1858513 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: SALOPEK, RICK G.

Street Address (P.O. Box Number is Not Acceptable): 650 PECAN PARK ROAD

City: JACKSONVILLE FL Zip Code: 32218

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] RICK G. SALOPEK 9-11-06

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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.	
TITLE	DPST	TITLE	
NAME	SALOPEK, RICK G	NAME	
STREET ADDRESS	451 CRAWFORD DRIVE	STREET ADDRESS	400080694584
CITY-ST-ZIP	BEAVERCREEK, OH 45434	CITY-ST-ZIP	10/10/06--01066--027 **408.75
TITLE		TITLE	
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TITLE	B 10/12/06	TITLE	
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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Rick G. Salopek 9-11-06 937-845-9801

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #