2000 UNIFORM BUSINESS REPORT (UBR)

Jan 26, 2000 8:00 am Secretary of State **DOCUMENT # H08452** SUNCOAST CHRYSLER PLYMOUTH JEEP, INC. 01-26-2000 90051 007 ***150.00 Principal Place of Business Mailing Address 8755 PARK BLVD. 8755 PARK BLVD. 501 EAST KENNEDY BLVD., SUITE 1700 501 EAST KENNEDY BLVD., SUITE 1700 SEMINOLE FL 34647 SEMINOLE FL 34647 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1565382 Not Augulication Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BOGGS, E. JACKSON, ESQ. Street Address (P.O. Box Number is Not Acceptable) 501 EAST KENNEDY BLVD. **SUITE 1700 TAMPA FL 33602** 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change ☐ Addition TITLE ☐ Delete NAME SCHMIDT, WAYNE F., SR. NAME STREET ADDRESS STREET ADDRESS 8755 PARK BOULEVARD C!TY-ST-ZIP CITY-ST-ZIP SEMINOLE FL TITLE Change Addition ☐ Delete TITLE NAME SCHMIDT, WAYNE F., JR. NAME STREET ADDRESS STREET ADDRESS 8755 PARK BOULEVARD CITY-ST-ZIP CITY-ST-ZIP SEMINOLE.FL ... ☐ Change ☐ Addition TITLE Delete TITLE SCHMIDT, PHILIP A. NAME NAME STREET ADDRESS STREET ADDRESS 8755 PARK BOULEVARD CITY-ST-ZIP CITY-ST-ZIP SEMINOLE FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE SCHMIDT, ELIZABETH NAME NAME STREET ADDRESS STREET ADDRESS 8755 PARK BLVD. CITY-ST-7IP CITY-ST-ZIP SEMINOLE FL ☐ Change TITLE ☐ Delete TIT1 F ☐ Addition NAME SCHMIDT, JOYCE C NAME STREET ADDRESS STREET ADDRESS 8755 PARK BLVD. CITY-ST-ZIP CITY-ST-ZIP SEMINOLE FL ☐ Delete TITLE ☐ Change ☐ Addition TITI F NAME SCHMIDT, THOMAS NAME STREET ADDRESS STREET ADDRESS 8755 PARK BLVD. CITY-ST-ZIP SEMINOLE FL

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 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 corporation or the receiver or trustee empewered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if or on an attachment with an address, with all other like exponence.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Daytime Phone #