2001 UNIFORM BUSINESS REPORT (UBR)

May 18, 2001 8:00 am Secretary of State DOCUMENT # N22917 05-18-2001 91599 023 ****61.25 NATIONAL MOBILITY EQUIPMENT DEALERS ASSOCIATION, Principal Place of Business Mailing Address 11211 N. NEBRASKA AVE 332313 11211 N. NEBRASKA AVE SUITE A-5 SUITE A-5 **TAMPA FL 33612 TAMPA FL 33612** 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2930516 Not Applicable \$8.75 Additional Country Country Zip Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) PLANK, REBECCA 909 E. SKAGWAY AVE. TAMPA FL 33604 Zip Code City 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) Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Addition ☐ Change TITLE ☐ Delete TITLE NAME MAY, RICHARD NAME STREET ADDRESS STREET ADDRESS 1322 ASHBY STREET CITY-ST-ZIP CITY-ST-ZIP SAINT LOUIS MO 63132 Change 🔀 ☐ Addition TITLE Delete TITLE SMITH, MARCUS 17300 HWY 77 NAME NAME CRAWFORD, SAM STREET ADDRESS STREET ADDRESS 940 CLEVELAND AVE SW GROSSE TETE, LA 70740 CITY-ST-ZIP CITY-ST-ZIP CANTON OH 44707 ☐ Addition Detete TITLE TITLE NAME PLANK, REBECCA NAME STREET ADDRESS STREET ADDRESS 909 E. SKAGWAY AVE CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33604 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME QUANDT, JOHN NAME 15F INTERNATIONAL DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP EAST GRANBY CT ☐ Change ☐ Addition ☐ Delete TITLE 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-7IP 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

FILED

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 813-477-6603 5-15-01