2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

9/9/2003 900[illegible] $150.00 $150.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 SEP 29 AM 8:00

DOCUMENT # P02000117555

1. Entity Name
ORLANDO HONDA & ACURA SPECIALISTS INC.

Principal Place of Business	Mailing Address
1228 29TH ST ORLANDO FL 32805	1228 29TH ST ORLANDO FL 32805

FEI-Number

782-0571761 Sorry!

2. Principal Place of Business	3. Mailing Address
1228 29th St	1228 29th St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando, FL	City & State: Orlando FL
Zip: 32805 Country: USA	Zip: 32805 Country: USA

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number [illegible] ☐ Applied For ☐ Not Applicable

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

MRS

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TURLEY, JOE 1314 E ESTHER ST ORLANDO FL 32806	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS $550.00
After September 10, 2003 Fee will be $750.00
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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BEGNAND, DWAYNE 1228 29TH ST ORLANDO FL 32805 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TURLEY, JOE 1228 29TH ST ORLANDO FL 32805 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 SEP 29 AM 8:00

CR2E034 (4/03)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED [signature] 9-5-03 407-872-0802
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #