FILED

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Feb 10, 2002 8:00 am Secretary of State DOCUMENT # P93000073898 1. Entity Name CENTRAL FLORIDA LINCOLN MERCURY, INC. 02-10-2002 90002 036 ***158.75 Principal Place of Business Mailing Address 509 EAST NASA BLVD 2055 W. COLONIAL DRIVE MELBOURNE FL 32901-1943 ORLANDO FL 32854 HS 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3208843 Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MARKEY & FOWLER, P.A. Street Address (P.O. Box Number is Not Acceptable) 410 W. MERRITT AVENUE **MERRITT ISLAND FL 32953** Zin 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITLE ☐ Change ☐ Delete TITLE NAME DEARDOFF, R BRUCE NAME STREET ADDRESS STREET ADDRESS 509 EAST NASA BLVD CITY-ST-ZIP CITY-ST-ZIP MELBOURNE FL 32901-1943 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME CHENEY, E. RENEE STREET ADDRESS 509 E. NASA BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MELBOURNE FL 32901-1943 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME CHAVARA, JOE STREET ADDRESS STREET ADDRESS 2055 WEST COLONIAL DR. CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32804 ☐ Change ■ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE 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 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.

381-956-060

Treas 1/23/02