2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # P95000034258 Apr 22, 2000 8:00 am Secretary of State 1. Entity Name ECLIPSE AUTO SALES INC. 04-22-2000 90123 012 ***150.00 Principal Place of Business Mailing Address 305 W BASS ST 305 W BASS ST KISSIMMEE FL 34741 KISSIMMEE FL 34741-5011 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 59-3322091 Not Applicable Zip Country Zip Country \$8.75 Additional 5 Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CADET, GREGORY Street Address (P.O. Box Number is Not Acceptable) 2828 MICHIGAN AVE. SUITE 102 KISSIMMEE FL 34744 Zip Code FL 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 (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 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Change Addition TITLE Delete Delete TITI F MONDE, FRANTZ R NAME NAME STREET ADDRESS STREET ADDRESS 657 WESCHLER CIRCLE CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32824 ☐ Change Addition D)T ☐ Delete TITLE TITLE NAME NAME CADET, GREGORY STREET ADDRESS STREET ADDRESS 717 WESCHLER CIRCLE CITY-ST-7IP CITY-ST-ZIP ORLANDO FL 32824 ☐ Addition Change TITLE Delete TITLE NAME MANIGAT, EMMANUEL NAME STREET ADDRESS STREET ADDRESS 12319 S OBT STE 237 CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32824 □ Change Addition ☐ Delete TITLE MYRHHA MANTGA NAME NAME 14037 FALLWay STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **Addition** ☐ Change TITLE ☐ Delete TITLE TORMEUS NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 releiver 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.