FILED Mar 07, 2000 8:00 am Secretary of State 03-07-2000 90093 003 ***150.00

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000026577

1. Entity Name

SOUTHERN GOLF CARS, INC.

| | SW 117TH COURT FL 33186 | |
|-------|----------------------------|--|
| MIAMI | FL 33100 | |

1 STREET ADDRESS

CITY-ST-ZIP

Principal Place of Business

Mailing Address

| 12060 SW 117TI MIAMI FL 33186 US | | 12060 SW 117TH COURT MIAMI FL 33186-5201 US | | | | r innernden han harri John danij darri da | E117 E8178)181 | O OZIOL OLIJE IOG | (I) 0 (1 1 0 P) | |
|--|--|---|--|--|-----------------|---|-----------------|-----------------------------------|----------------------------------|--|
| 2. Principal Place of Business | | 3. Mailing Address | 3. Mailing Address | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | DO NOT WRITE IN THIS SPACE | | | | |
| City & State | | City & State | | | 4. F | 4. FEI Number 65-0741103 | | | Applied For Not Applicable | |
| Zip | Country | Zip Cour | | , | 5. | Certificate of Status Desired | | \$8.75 Additional Fee Required | | |
| | 6. Name and Address of Current | Registered Agent | ~ | | | lame and Address of New Re | gistered A | gent | | |
| | | | | Name | | | | | | |
| | h, Lillian e 1 s.w. 47 street | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| MIAM | | | | | | | | | | |
| | | | | City | | | FL | Zip Code | , | |
| 8. The above | named entity submits this statement for | or the purpose of changing its | registered | office or reg | gistered age | ent, or both, in the State of Flor | ida. | | | |
| | | | | | | | | | } | |
| SIGNATURE . | Signature, typed or printed name of registered agent | and title if applicable. (NOTI | E: Registered A | gent signature re | equired when re | instating) | DATE | | | |
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) | | After MAY 1, 20 | FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of S | | | 10. Election Campaign Fina Trust Fund Contribution | | | May Be to Fees | |
| 11. | OFFICERS AND | DIRECTORS | 12. | | AD | DITIONS/CHANGES TO OFFI | CERS AND | DIRECTORS | 3 IN 11 | |
| TITLE NAME STREET ADDRESS | D SMITH, WALTER R 10741 S.W. 47 STREET | ☐ Delete | 10. | ADDRESS | - · · - | | | ☐ Change | ☐ Addition | |
| CITY-ST-ZIP | MIAMI FL | | CITY-S | T-ZIP | | | | ☐ Change | Addition | |
| NAME STREET ADDRESS | D Smith, Lillian E 10741 S.W. 47 Street | ☐ Delete | TITLE NAME STREET | ADDRESS | | | | onenge | | |
| CITY-ST-ZIP | MIAMI FL | | CITY-S | JE SIB | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET CITY-S | ADDRESS T-ZIP | | | | ☐ Change | Addition | |
| TITLE NAME SJREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET CITY-S | ADDRESS IT-ZIP | | | | ☐ Change | ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET CITY-S | ADDRESS ST-ZIP | | | | ☐ Change | Addition | |
| TITLE NAME STREET ADDRESS | | ☐ Delete | TITLE NAME STREET | ADDRESS | | | _ | ☐ Change | ☐ Addition | |

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 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.

11.1

CITY-ST-ZIP