FILED 2000 UNIFORM BUSINESS REPORT (UBR) May 10, 2000 8:00 am Secretary of State P98000072348 DOCUMENT # STONE MOTOR CARS, INC. 05-10-2000 90097 020 ***150.00 Principal Place of Business Mailing Address 127 CARMALITA ST 127 CARMALITA ST C0087908 PUNTA GORDA FL PUNTA GORDA, FL33950 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-085599R Not Applicable Country \$8.75 Additional Zio Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent STONE, TACK Street Address (P.O. Box Number is Not Acceptable) 1407 SEA GULL CT PUNTA GORDA FL.33950 Zio 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. DATE (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 Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. PRESIDENT SECY ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STONE, DEBORAH NAME STREET ADDRESS STREET ADDRESS 1407 SEA GULL CT CITY-ST-ZIP CITY-ST-ZIP PUNTA GORDA FL 33950 Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete Change TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME 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 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. ith an address, with all of ier like empowered. changed, or on an attachme

DEBORAN STONE 4.26.00