2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P99000075690** Mar 15, 2000 8:00 am Secretary of State OCEANSIDE MOTORCARS INC. 03-15-2000 90030 006 ***150.00 D/B/A OCEANSIDE VOLVO Mailing Address Principal Place of Business 4800 N. PEDERAL HWY STE-200-E 4800 N FEDERAL-HWY-STE-200-E OCA PATON EL-29401-041 DOOR DATON FIL OGAGE 2. Principal Place of Business 3. Mailing Address 4205 SOUTH FEDERAL HIGHWAY 4205 SOUTH FEDERAL HIGHWAY DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suité, Apt. #, etc. Applied For City & State STUART, FL. City & State STUART, FL. Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 34997 Fee Required MARTIN 34997 MARTIN 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ELK, SCOTT A Street Address (P.O. Box Number is Not Acceptable) 4800 N FEDERAL HWY STE 200-E **BOCA RATON FL 33431** Zip Code nits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity nted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 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. TITLE President Delete TITLE ELK. SCOTT A NAME LARRY L CASTO NAME STREET ADDRESS STREET ADDRESS 4800 N FEDERAL HWY STE 200-E 4313 SOUTH FEDERAL HIGHWAY CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33431** STUART. FL. 34997 Change Addition TITLE Delete TITLE Director NAME NAME RONALD L SEXTON STREET ADDRESS STREET ADDRESS 4204 SOUTH FEDERAL HIGHWAY CITY-ST-ZIP CITY-ST-7IP STUART, FL. 34997 ☐ Addition TITLE ☐ Delete TITLE NAME 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 ☐ Addition ☐ Change □ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE

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.

CITY-ST-ZIP

NAME STREET ADDRESS

SIGNATURE: _

NAME

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/2000

561-231-3377

CR2E034 (9/99)