2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P99000104149** Apr 22, 2000 8:00 am Secretary of State ASCOT CARS, INC. 04-22-2000 90119 013 ***150.00 Mailing Address Principal Place of Business 273 MONACO-F 273 MONACO-F DELRAY BEACH FL 33446 DELRAY BEACH FL 33446 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State Not Applicable \$8.75 Additional Country 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 Name WHITTAKER, DAVID L Street Address (P.O. Box Number is Not Acceptable) 273 MONACO-F **DELRAY BEACH FL 33446** Zip Code City 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) -EILE-NOW!!!-EEE-IS-\$150.00-9. This corporation is eligible to satisfy its Intangible. 10. Election Campaign Financing \$5:00 May Be - After MAY 1, 2000 Fee will be \$550.00 Tax filling 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 11. OFFICERS AND DIRECTORS 12. ☐ Addition ☐ Delete Change TITLE TITLE WHITTAKER, DAVID L NAME NAME 273 MONACO-F STREET ADDRESS STREET ADDRESS **DELRAY BEACH FL 33446** CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITI F TITLE ☐ Delete WHITTAKER, MARY K NAME NAME 273 MONACO-F STREET ADDRESS STREET ADDRESS **DELRAY BEACH FL 33446** CITY-ST-7IP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TIT! F ☐ 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-7IP المرح الأسوا ضرارا ☐ Change ☐ Addition ☐ Delete TITLE TITLE EC 3845.22 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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/00 561-498-2745