2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N26320 Apr 12, 2000 8:00 am Secretary of State 1. Entity Name VINTAGE VEHICLES OF FLORIDA, INC. 04-12-2000 90012 017 ****61.25 Principal Place of Business Mailing Address P. O. BOX 952 6412 WINDOVER WAY TITUSVILLE FL 32781-0952 TITUSVILLE FL 32780 U\$ 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 59-2938208 Not Applicable \$8.75 Additional Zip 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 Street Address (P.O. Box Number is Not Acceptable) SMART, DAVID A 6412 WINDOVER WAY TITUSVILLE FL 32780 Zip Code 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) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. **Department of State** Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. PD ☐ Delete ☐ Addition TITLE D TITLE NAME NAME ARNOLD, ROBERT STREET ADDRESS STREET ADDRESS 4290 PONDAPPLE DR CITY-\$T-ZIP CITY-ST-ZIP Titusville FL 32796 ☐ Addition ☐ Change TITLE SD ☐ Delete TITLE NAME SYMON, MAVIS NAME STREET ADDRESS STREET ADDRES 6085 WHISPERING LANE CITY-ST-ZIP CITY-ST-ZIP TITUSVILLE FL 32780 ☐ Change Addition TITLE ☐ Delete TITLE SMART, RENEE N NAME NAME STREET ADDRESS STREET ADDRESS 6412 WINDOVER WAY CITY-ST-ZIP CITY-ST-ZIP TITUSVILLE FL 32780 Change ☐ Addition TITI F D ☐ Delete TITLE PD NAME NAME **GUITERREZ. AL** STREET ADDRESS STREET ADDRESS 4251 GROVEWOOD CITY-ST-ZIP CITY-ST-ZIP TITUSVILLE FL 32780 ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME CONLEY, CHARLES STREET ADDRESS STREET ADDRESS **4349 CAPER COURT** CITY-ST-ZIP CITY-ST-7IP TITUSVILLE FL 32396 VPDTIM MONTANTE Change 6285 SLEEPT HOLLOW DR. Addition D **Delete** TITLE TITLE NAME SYMON, MIKE NAME STREET ADDRESS STREET ADDRESS 5990 ACME TITUSVILLE, FI 32780 CITY-ST-ZIP CITY-ST-ZIP COCOA FL 32927 12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

changed, or on an attachment with an address, with all other like empowered