2001 UNIFORM BUSINESS REPORT (UBR) **FILED** Jan 11, 2001 8:00 am Secretary of State **DOCUMENT # 309138** 1. Entity Name FEDERAL LIQUIDATORS & AUCTION CO., INC. 01-11-2001 90034 005 ***150.00 Mailing Address Principal Place of Business 7859 S. PINE AVE (US 441).. STE 13 7859 S. PINE AVE (US 441).. STE 13 OCALA FL 34480 OCALA FL 34480 600496 US 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite Ant # etc Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-1211085 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HOFFMAN, W A Street Address (P.O. Box Number is Not Acceptable) SUITE #13 7850 SO. PINE (US 441) OCALA FL 34480 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2001 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. CR2E034 (10/00) ☐ Change ☐ Addition DPST TITLE ☐ Delete TITI F HOFFMAN, W A NAME NAME STREET ADDRESS SUITE #13 7850 SO. PINE (US 441) STREET ADDRESS CITY-ST-ZIP OCALA FL 34480 CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE HOFFMAN, EDWINA J NAME NAME STREET ADDRESS STREET ADDRESS SUITE #13-7850-SQ. PINE (US 441) CITY-ST-ZIP CITY-ST-7IP OCALA FL 34480 ☐ Addition VPD_ ☐ Delete TITLE TITLE HOFFMAN, P M NAME NAME STREET ADDRESS SUITE #13-7850 SO. PINE (US 441) STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OCALA FL 34480 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME HOFFMAN, M A NAME SUITE #13-7850 SO. PINE (US 441) STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OCALA FL 34480 ☐ Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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 chment with an address with all othersine empowered.

NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE

1121

Daytime Phone #