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DOCUMENT # 437956 FILED Jan 16, 2001 8:00 am YANCAR'S USED CARS, INC **Secretary of State** 01-16-2001 90080 021 ***150.00 Mailing Address Principal Place of Business 2845 E. BAY DR. 2845 E. BAY DR. LARGO FL 33771 **LARGO FL 33771** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 59-1487247 Applie 4. FEI Number City & State City & State Not A Country Zip Country Zip **\$8.75** Additio 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent INCENT YANCAR (VINCENT JR) 1511 CHATEAU WOOD DR **CLEARWATER FL 33764** 8. The above named entity submits this statement of 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 (Tax filing requirement and elects to de so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN OFFICERS AND DIRECTORS 11. 12. Change ☐ Delete TITLE YANCAR.VINCENT JR. NAME NAME 1511 CHATEAU WOOD DR. STREET ADORESS STREET ADDRESS 33771 EARWATER. FL CLEARWATER FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete -TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE 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: