2001 UNIFORM BUSINESS REPORT (UBR)

Apr 23, 2001 8:00 am Secretary of State **DOCUMENT # N26320** 1. Entity Name VINTAGE VEHICLES OF FLORIDA, INC. 04-23-2001 90012 039 ****70 00 Principal Place of Business Mailing Address 6412 WINDOVER WAY P. O. BOX 952 TITUSVILLE FL 32781-0952 TITUSVILLE FL 32780 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-2938208 Not Applicable Zip Country Zip Country \$8.75 Additional Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SMART, DAVID A 6412 WINDOVER WAY TITUSVILLE FL 32780 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) **\$5.00** May Be 9. Election Campaign Financing Make Check Payable to **FILE NOW:** Trust Fund Contribution. **Department of State** Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. **Addition** Change TITLE X Delete TITLE NAME ARNOLD, ROBERT NAME STREET ADDRESS STREET ADDRESS 4290 PONDAPPLE DR CITY-ST-ZIP CITY-ST-7IP TITUSVILLE FL 32796 Delete ☐ Change **Addition** SD TITI F TITLE onleu SYMON, MAVIS NAME NAME STREET ADDRESS STREET ADDRESS 6085 WHISPERING LANE _ CITY-ST-ZIP CITY-ST-ZIP TITUSVILLE FL 32780 Addition Change Delete TITLE TITLE Beverly Bornes 3505 Constitution DR. SMART, RENEE N NAME NAME STREET ADDRESS STREET ADDRESS 6412 WINDOVER WAY CITY-ST-ZIP CITY-ST-7IP TITUSVILLE FL 32780 Addition Change ☐ Delete TITLE **GUITERREZ. AL** NAME NAME 290 Pondapple Dr. STREET ADDRESS STREET ADDRESS 4251 GROVEWOOD CITY-ST-ZIP CITY-ST-ZIP TITUSVILLE FL 32780 Delete Change Addition TITLE NAME CONLEY, CHARLES NAME 4349 CAPER COURT STREET ADDRESS STREET ADDRESS *3*650 CITY-ST-ZIP CITY-ST-ZIP TITUSVILLE FL 32396

TITUSVILLE FL 32780 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 eath; 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 changed, or on an attachment with an address, with all other like empowered

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

Delete

VPD

MONTANTH, JIM

6285 SLEEPY HOLLOW DR

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Addition