2001 UNIFORM BUSINESS REPORT (UBR) FILED Jan 25, 2001 8:00 am Secretary of State **DOCUMENT # 153921** BRASINGTON CADILLAC-OLDSMOBILE INC. 01-25-2001 90144 036 ***150.00 Principal Place of Business Mailing Address 2001 NW 13TH ST 2001 NW 13TH ST GAINESVILLE FL 32609-3410 GAINESVILLE FL 32609-3410 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-0581546 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BRASINGTON, JOHN T. Street Address (P.O. Box Number is Not Acceptable) 4607 N.W. 95TH BLVD. **GAINESVILLE FL 32601** Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Addition TITLE ☐ Delete TITLE ☐ Change **BRASINGTON, GRACE** NAME NAME 2001 NW 13TH ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **GAINESVILLE FL 32609** Change ☐ Addition TITLE ☐ Delete TITLE NAME BRASINGTON, LAWRENCE A JR NAME STREET ADDRESS 2001 NW 13TH ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **GAINESVILLE FL 32609** Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE 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 changed, or on an attachment with an address, with all other tike empowered.

SIGNATURE: VICTOR SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICEBOR DIRECT

LAWBENCE Brasington Ta

Daytime Phone #

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