2000 UNIFORM BUSINESS REPORT (UBR)

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # 195108 Mar 04, 2000 8:00 am 1. Entity Name **Secretary of State** SCHOOLEY CADILLAC INC 03-04-2000 90065 014 ***158.75 Mailing Address Principal Place of Business 2101 45TH ST 2101 45TH ST WEST PALM BEACH FL 33407 P O BOX 1140 WEST PALM BEACH FLA 33407-3296 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 59-0677402 Not Applicable \$8.75 Additional Żip Country Zip Country 5. Certificate of Status Desired K Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SCHOOLEY, C W III Street Address (P.O. Box Number is Not Acceptable) 2101 45TH ST WEST PALM BEACH FL 33407 Zip Code City 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, 2000 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 11. OFFICERS AND DIRECTORS 12. X Change Addition ☐ Delete TITLE SCHOOLEY, C. W. III NAME NAME 7572 Hawks Landing Dr. 3805 PARTRIDGE PL. S. STREET ADDRESS STREET ADDRESS W. Palm Beach, Fl. 33412 CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BEACH FL** Change ☐ Addition TITLE ☐ Delete TITLE EICHHORN, RALPH W. NAME NAME STREET ADDRESS 180 MIRAMAR AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ROYAL PALM BCH FL Change - KT Addition Vice-President ☐ Delete TITI F TITLE Charles W. Schooley IV NAME NAME STREET ADDRESS 2939 Mary's Way STREET ADDRESS Palm Beach Gardens, Fl. CITY-ST-ZIP 33410 CITY-ST-7IP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition 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

Ralph W. Eichhorn

561-845-5500

Daytime Phone #

2-28-00