2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 20, 2001 08:00 AM 272798 DOCUMENT # 1. Entity Name **Secretary of State** VERNON SCOTT MOTORS, INC. Principal Place of Business Mailing Address 5230 N. FEDERAL HWY. 5230 N. FEDERAL HWY LIGHTHOUSE PT FL LIGHTHOUSE PT FL33064 33064 US 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 59-1158206 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SCOTT, STEVEN L SCOTT STEVEN 5230 N. FEDERAL HWY Street Address (P.O. Box Number is Not Acceptable) 5230 N. FEDERAL HWY LIGHTHOUSE PT FL33064 US City Zip Code LIGHTHOUSE PT 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. STEVEN L SCOTT 04/20/2001 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be 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 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition CARTER, VICKY MAME NAME 132 S FIG TREE LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PLANTATION, FL 00000 CITY-ST-ZIP **PSD** ☐ Delete TITLE ☐ Change NAME SCOTT, STEVEN L NAME STREET ADDRESS 1600 SE. 11 ST STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL 33316 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition SCOTT, WILMA L NAME STREET ADDRESS 1670 SE 7TH STREET STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FLCITY-ST-ZIP ☐ Delete TITLE Сhапде ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition 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: __VICKY CARTER 04/20/2001

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)