2000 UNIFORM BUSINESS REPORT (UBR) FILED **DOCUMENT # 275875** May 16, 2000 8:00 am Secretary of State 1. Entity Name RODGERS CARS, INC. 05-16-2000 90080 044 ***158.75 Principal Place of Business Mailing Address 13680 S TAMIAMI TRAIL 3476 FOWLER ST. FORT MYERS FL 33901 FORT MYERS FL 33912-1628 2. Principal Place of Business 3. Mailing Address P. O. Box 110729 P.O. Box 110729 DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1027468 FIORIDA Not Applicable \$8.75 Additional 5. Certificate of Status Desired 34/08-0113 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FREELAND 6. BERNARN FREELAND, BERNARD G Street Address (P.O. Box Number is Not Acceptable) 13880 S. TAMIAMI TRL MYRTLE FT. MYERS FL 33912 APLES 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, 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 12. OFFICERS AND DIRECTORS 11. ChRISTOPHER FREELAND TITLE ☐ Delete TITLE FREELAND, CHRISTOPHER NAME NAME 917 CYPRESS LAKE CIR. STREET ADDRESS STREET ADDRESS 917 CYPRESS LAKE CIR 33919 CITY-ST-ZIP CITY-ST-ZIP FT. MYERS FL 33901 ☐ Delete TITLE TITLE FREELAND, GEORGE T NAME NAME 13880 S. TAMIAMI TRL STREET ADDRESS STREET ADDRESS ET. MYERS FL 33919 CITY-ST-ZIP CITY-ST-7IP FT: MYERS FL 33912 Addition TITLE TITLE Delete FREELAND, BERNARD G NAME NAME STREET ADDRESS STREET ADDRESS 92 MYRTLE RD CITY-ST-ZIP CITY-ST-7IP NAPLES FL 34108 ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE

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.

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/00 633-3646