FILED **2001 UNIFORM BUSINESS REPORT (UBR)** May 07, 2001 8:00 am Secretary of State DOCUMENT # 277938: T: Entity Name SUNCOAST RENT-A-SCOOTER, INC. 05-07-2001 90060 010 ***150.00 Principal Place of Business Mailing Address 14703 GULF BLVD. 14703 GULF BLVD. MADEIRA BCH. FL 33708 MADEIRA BCH, FL 33708 2. Principal Place of Business HUNIAA Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State ty & State 4. FEI Number Applied For 59-1095123 Not Applicable \$8.75 Additional Certificate of Status Desired MULSBORDE Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VENEZIO, FRANK 11430 47TH AVE. N. ST. PETERSBURG 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 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 PRESIDENT 🔀 Change TITLE TITLE VENEZIO, FRANK NAME NAME MICHAELE STREET ADDRESS STREET ADDRESS 11430 47 AVE N. CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL PRLSIDEN Change ☐ Addition TITLE TITLE FELVANDEZ, EDUMEDA 3832 PENINSULAZ DE VENEZIO, ERIC J. NAME NAME STREET ADDRESS STREET ADDRESS 11430 47 AVE N. CITY~ST-ZIP CITY-ST-ZIP NOO LAKES, R ST. PETERSBURG FL V. PRISIDENT ERNANDEZ, BAVIDB Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME 3412 UALLEY KANDHOK STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete Change TITLE Addition TITLE FERNANDEZ DOUGLASB 3832 BEN, USULAR OK NAME NAME STREET ADDRESS STREET ADDRESS LANDOLAKES, FC 3\$63 CITY-ST-ZIP CITY-ST-ZIP SEC-TREAS. ☐ Addition TITLE ☐ Delete TITLE Change SCOTT, KEITHR NAME NAME 7064 TRY SAILCR STREET ADDRESS STREET ADDRESS TAMOA, K 33607 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 expowered.

CITY-ST-ZIP

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTO

MICHAELE FELLIANDES 4/3/2007

8/3-333-6/6/