2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 20, 2001 8:00 am **DOCUMENT # 315217 Secretary of State** 1. Entity Name PERRY MOTORS INC 02-20-2001 90080 025 ***150.00 Principal Place of Business Mailing Address 3865 E. GULF TO LAKE HWY 3865 E. GULF TO LAKE HWY INVERNESS FL 32650 INVERNESS FL 32650 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-1164360 Not Applicable Zip Country 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 Name KRULL, MARK R Street Address (P.O. Box Number is Not Acceptable) 3865 E GULF TO LAKE HWY **INVERNESS FL 34453** 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) 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PD ☐ Addition TITLE ☐ Delete TITLE KRULL, MARK R NAME NAME 3865 E. GULF TO LAKE HWY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP INVERNESS FL CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE KRULL, LOIS A. NAME NAME 3865 E. GULF TO LAKE HWY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP INVERNESS FL ☐ Change ☐ Addition ☐ Delete TITLE YOUNG, PATTI NAME~ NAME 3865 E. GULF TO LAKE HWY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP INVERNESS FL TITI F Change ☐ Addition TITLE ☐ Delete KRULL GEORGE R. NAME NAME 3865 E. GULF TO LAKE HWY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP INVERNESS FL ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME

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

PRINTED NAME OF

STREET ADDRESS

CITY-ST-7IP