Jan 30, 2002 8:00 am

1-15-2002

CR2E034 (9/01)

## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Secretary of State DOCUMENT # 318500 1. Entity Name 01-30-2002 90150 047 \*\*\*150.00 JAY'S USED CARS OF ORLANDO, INC. Principal Place of Business Mailing Address 4126 OLD WINTER GARDEN ROAD 4126 OLD WINTER GARDEN ROAD ORLANDO FL 32805 ORLANDO FL 32805 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 59-1168278 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 IOTT, RICHARD Street Address (P.O. Box Number is Not Acceptable) 4126 OLD WINTER GARDEN RD ORLANDO FL 32805 City Zip Code 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 Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 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. ☐ Addition TITLE ☐ Defete TITLE NAME IOTT. RICHARD NAME STREET ADDRESS 4126 OLD WINTER GARDEN R STREET ADDRESS ORLANDO FL 32805 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME BROWN, ANGALENE NAME STREET ADDRESS STREET ADDRESS 4126 OLD WINTER GARDEN R CITY-ST-ZIP CITY-ST-7IP ORLANDO FL ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME 10TT, ALICIA STREET ADDRESS STREET ADDRESS 4126 OLD WINTER GARDEN R CITY-ST-ZIP CITY-ST-ZIP orlando fl 32805 ☐ Change TITLE ☐ Addition TITLE ☐ Delete NAME NAME REED, VANESSA STREET ADDRESS STREET ADDRESS 4126 OLD WINTER GARDEN R CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME IOTT, ALECIA STREET ADDRESS 4126 OLD WINTER GARDEN R STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL TITLE ☐ Delete TITI F ☐ Change ☐ Addition 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.