2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 23, 2002 8:00 am § Secretary of State 358058 DOCUMENT # 1. Entity Name 05-23-2002 90126 005 ***150.00 GARMAN MOTORS, INC. Principal Place of Business Mailing Address 2840 N STATE RD 7 2840 N STATE RD 7 HOLLYWOOD FL 33021 HOLLYWOOD FL 33021 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 59-1280047 Not Applicable Country Zip Zip 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 GLENN GARRIAN GARMAN, GILBERT Street Address (P.O. Box Number is Not Acceptable) 3197 ROOSEVELT ST 4920 MADISON ST HOLLYWOOD FL HOLLY WOOD 8. The above named entity submits his 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 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CHAIRMAN OF COND D Change A 12. TITLE Delete. TITLE ☐ Addition GILBERT GAMENAN 3187 ROOSEVELTST. GILBENT GARMAN, GILBERT NAME NAME STREET ADDRESS 3197 ROOSEVELT ST STREET ADDRESS HOLLYWOD, FL 33021 CITY-ST-ZIP HOLLYWOOD FL CITY-ST-ZIP PRESIDENT TITLE Delete TITLE ☐ Change Addition GLENN GARMAN 4920 MADISONS T. GARMAN, GLORIA NAME NAME STREET ADDRESS 3197 ROOSEVELT ST. STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL HOLLYWOOD, FC 3302, CITY-ST-ZIP TITLE VICE PHESIDENT ☐ Delete TITLE Addition GAY GARMAN CINCLE S NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP pen Buoke PINES, FL 33025 CITY-ST-7IP SECRETARN/TREASURER KAREN GARMAN 4920 MAOISONS T. TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OLLY WOOD, FL 32021 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete 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 of tustee 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.

CITY-ST-7IP

SIGNATURE:

CITY-ST-ZIP

Tron RME OF SIGNING OFFICER OR DIRECTOR

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