2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 482686 Sep 12, 2000 8:00 am Secretary of State NHUCK'S AUTO SALES INC. 09-12-2000 90240 017 ***150.00 Principal Place of Business Mailing Address 1795 IN. CHICKASAW TRAIL SAME ORLANDO FL. 32825 2. Principal Place of Business 3. Mailing Address A0077030 NOT WRITE IN THIS SPACE 5 AME Suite, Apt. #, etc. 5AME Suite, Apt. #, etc. City & State Applied For City & State ORLANDO Not Applicable \$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 KNEELT CHARLES B. Name 4408 CRANGE AUE Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL. 32892 Zip Code City 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 DATE 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, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. KNECHT CHITALES 4908 CAANGE AVE. CR2E034 (9/99) ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS ORLANDO FL. CITY-ST-ZIP CITY-ST-ZIP Change Addition KNECHT JANICE S. 4908 ORANGE AVE. ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CRUPTIDO FU. CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change KNECHT. JANKE TITLE AGOT CHANGE HUE ORLANDO FL. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME 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.

SIGNATURE: COHARLES B. KNECHT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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MY CORPORATION PAPERS, AND MY BOCKEEPER SAID WE METER

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FLORIOM DIV. OF RORP.