2001 UNIFORM BUSINESS REPORT (UBR) Apr 23, 2001 8:00 am Secretary of State DOCUMENT # 510827 1. Entity Name AUTOMOTIVE DISCOUNT STORES INC. 04-23-2001 90134 049 ***150 00 Principal Place of Business Mailing Address 1936 1ST AVE 50. ✓ SO. IST AVE SO. ST. PETERSBURG FL 33712 ST. PETERSBURG FL 33712 745202 US 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-1688344 Not Applicable Country **\$8.75**-Additional ~ Country Zip___ 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PETERS, EDWARD R Street Address (P.O. Box Number is Not Acceptable) 2200 34TH AVE ST PETERSURG FL 33706 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 DATE (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 7 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. FDW AND POLERS Q Change ☐ Addition TITLE Delete 2200 344 AVE NO Pres NAME PETERS, RAYMOND J. STREET ADDRESS STREET ADDRESS 38701 BALTIMORE AVE ST PAKESburg FIA 33713 CITY-ST-ZIP CITY-\$T-ZIP CRYSTAL SPRINGS FL Change ☐ Addition TITLE TITLE ☐ Delete ETERS, MAdeleine L PETERS, MADELEINE L. NAME NAME V Pees STREET ADDRESS STREET ADDRESS 38701 BALTIMORE AVE CITY-ST-7IP CITY-ST-ZIP CRYSTAL SPRINGS FL ☐ Addition Change ☐ Delete TITLE DTLE NAME PETERS, EDWARD R. NAME STREET ADDRESS STREET ADDRESS 2200 34TH AVENUE NO. CITY-ST-7IP CITY-ST-ZIE ST. PETERSBURG FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #