2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 06, 2002 8:00 am § Secretary of State DOCUMENT # 519048 1. Entity Name 05-06-2002 90250 009 ***150 00 HERB DANIEL TRUCK & AUTO CENTER, INC. Principal Place of Business Mailing Address 486N. WASHINGTON AVE. 486N. WASHINGTON AVE. TITUSVILLE FL 32796 TITUSVILLE FL 32796 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 59-1143328 Not Applicable Country Zip Country Zip \$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 DANIEL MIE DANIEL, HERBERT L. Street Address (P.O. Box Number is Not Acceptable) 3430 KILMARNOCH LANE TITUSVILLE FL 32780 City TiTUSVILLE 38. 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. april 15, 2002 (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 TITI F ☐ Delete TITLE Change ☐ Addition DANIEL, LEEBERT J. NAME STREET ADDRESS 486 N. WASHINGTON AVENUE STREET ADDRESS CITY-ST-ZIP TITUSVILLE FL CITY-ST-ZIP TITI E ☐ Delete TITLE ☐ Change ☐ Addition NAME DANIEL, CHARLES A. NAME STREET ADDRESS 3430 KILMARNOCH LANE STREET ADDRESS CITY-ST-ZIP-TITUSVILLE FL. CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition DANIEL, HERBERT L. NAME STREET ADDRESS 3430 KILMARNOCH LANE STREET ADDRESS CITY-ST-ZIP TITUSVILLE FL CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME DANIEL, AMMIE G. NAME STREET ADDRESS 3430 KILMARNOCH LANE STREET ADDRESS CITY-ST-ZIP TITUSVILLE FL CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition 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 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

CITY-ST-ZIP

April 15 2002 321-267-6333

Date Dayline Phone #