2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # 597242 Apr 12, 2000 8:00 am Secretary of State 1. Entity Name ELITE MOTOR CARS, INC. 04-12-2000 90043 010 ***150.00 Principal Place of Business Mailing Address 6190 34TH STREET NORTH 6190 34TH STREET NORTH ST. PETERSBURG FL 33714-1214 ST. PETERSBURG FL 33714 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-1868548 Not Applicable Country \$8.75 Additional Zip 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 LOWERY JR, DOUGLAS W Street Address (P.O. Box Number is Not Acceptable) 6190 34TH ST N ST PETERSBURG FL 33714 Zip Code FL 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) Signature, typed or printed name of registered agent and title if applicable 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. 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. ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME SUDDARTH, BENJAMIN F STREET ADDRESS STREET ADDRESS 8375 SEMINOLE BLVD CITY-ST-ZIP CITY-ST-ZIP SEMINOLE, FL 00000 ☐ Addition ☐ Delete TITLE ☐ Change TITLE LOWERY, DOUGLAS W., JR. NAME NAME STREET ADDRESS STREET ADDRESS 7326-11TH AVE NO. CITY-ST-ZIP CITY-ST-7IP ST. PETERSBURG FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITI F ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAMÉ 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 changed, or on an attachment with an address, with all other like empowered. TREASURER

CITY-ST-ZIP

SIGNATURE: