2001 UNIFORM BUSINESS REPORT (UBR)

Apr 23, 2001 8:00 am Secretary of State **DOCUMENT # 630982** 1. Entity Name LAKELAND CHRYSLER-PLYMOUTH-DODGE, INC. 4-23-2001 90114 033 ***150.00 Principal Place of Business Mailing Address 2335 NEW DADE CITY HWY. 2335 NEW DADE CITY HWY. P.O.BOX 90307 P.O.BOX 90307 80032418 LAKELAND FL 33804-7307 LAKELAND FL 33804-7307 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1924040 Not Applicable Country *Country \$8.75 Additional Ziō 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name VAUGHN, ROBERT E. JR. Street Address (P.O. Box Number is Not Acceptable) 501 E KENNEDY BLVD. STE 706 TAMPA FL 33602 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, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition ☐ Delete TITLE TITLE VD NAME NAME VAUGHN, ROBERT E. STREET ADDRESS STREET ADDRESS 122 LAKEWOOD DR. CITY-ST-ZIP CITY-ST-ZIP **BRANDON FL** Change ☐ Addition ☐ Delete TITI F ٧D TITLE NAME BRYAN, JAMES R, JR. NAME STREET ADDRESS STREET ADDRESS 6923 ASHBURY DR CITY-ST-7IP CITY-ST-ZIP LAKELAND FL Change ☐ Addition ☐ Delete TITLE NAME BRYAN, JAMES R. NAME STREET ADDRESS 716 DORADO CT STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **BRANDON FL** Change ☐ Addition □ Delete TITLE TITLE NAME BRYAN, ELIZABETH C. NAME STREET ADDRESS STREET ADDRESS 716 DORADO CT CITY-ST-ZIP CITY-ST-ZIP **BRANDON FL** ☐ Change ☐ Addition TITLE ☐ Delete 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-7IP

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. RE AND TYPED OR PRINTED NAME