2001 UNIFORM BUSINESS REPORT (UBR)

May 01, 2001 8:00 am Secretary of State **DOCUMENT # 653663** 1. Entity Name AUTOCAR SPECIALITIES, INC. 05-01-2001 90131 001 ***150.00 Principal Place of Business Mailing Address 2095 W. FAIRBANKS AVE. 2095 W. FAIRBANKS AVE. WINTER PARK FL 32789 WINTER PARK FL 32789 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 59-1977941 Not Applicable Zip __ Country _Zip__ - _ Country \$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 Name MARISKOVIC, STAN Street Address (P.O. Box Number is Not Acceptable) 2095 W FAIRBANKS AVE WINTER PK FL 32789 -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 Signature, typed or printed name of registered agent and title if applicable. (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, 2001 Fee will be \$550.00 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 11. OFFICERS AND DIRECTORS 12. Addition ☐ Change TITLE Delete TITLE NAME MARISKOVIC. STANLEY W.JR NAME STREET ADDRESS 6857 TAMARIND CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY_ST_ZIP CITY-ST-ZIP_ ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Channe NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP . CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE NAME 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

ER OR DIRECTOR Dayling Phone #

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