2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 25, 2000 8:00 am Secretary of State **DOCUMENT # 677631** RED HOAGLAND PONTIAC-GMC, INC. 04-25-2000 90020 043 ***150.00 Principal Place of Business Mailing Address 14TH STREET WEST 5325 14TH STREET WEST **BRADENTON FL 34207-3307** FL 34207-3307 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 64-0502811 Not Applicable \$8.75 Additional Country 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 HARRISON, G. JOSEPH Street Address (P.O. Box Number is Not Acceptable) NCNB BANK BLDG., 4TH FLOOR 1201 6TH AVENUE, WEST **BRADENTON FL 34205** 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 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, 2000 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 11. 12. ☐ Change Addition Delete TITLE TITLE HOAGLAND, GEORGE M SR NAME NAME 5325 14TH STREET WEST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BRADENTON FL ☐ Change Addition ☐ Delete TITLE HOAGLAND, GEORGE M JR NAME 5325 14TH STREET WEST STREET ADDRESS STREET ADDRESS **BRADENTON FL** CITY-ST-ZIP CITY-ST-ZIP STD TITLE TT:Chance ~ [□] Addition Delete TITLE HOAGLAND, MARY J. NAME STREET ADDRESS 5325 14TH STREET WEST STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **BRADENTON FL** ☐ Change ☐ Addition ☐ Delete TITLE 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-ZIE ☐ Change Addition TITLE ☐ Delete 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 ith an address with all other like empowered.

SIGNATURE:

G.M. HOAGEAND, JR., VICE-PRES PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/00

941-756-9544

Daytime Phone #