2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 02, 2001 8:00 am Secretary of State **DOCUMENT # 677631** RED HOAGLAND PONTIAC-GMC, INC. 02-02-2001 90314 022 ***150.00 Principal Place of Business Mailing Address 5325 14TH STREET WEST 5325 14TH STREET WEST BRADENTON FL 34207-3307 **BRADENTON FL 34207-3307** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 64-0502811 Not Applicable -- 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 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 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) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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 OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Change ☐ Addition TITLE ☐ Delete HOAGLAND, GEORGE M SR NAME NAME STREET ADDRESS STREET ADDRESS 5325 14TH STREET WEST CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL** Change ☐ Addition TITLE. ☐ Delete TITLE NAME HOAGLAND, GEORGE M JR NAME STREET ADDRESS 5325 14TH STREET WEST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL** TITLE STD ☐ Delete TITLE ☐ Change ☐ Addition NAME HOAGLAND, MARY J. NAME STREET ADDRESS 5325 14TH STREET WEST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL** Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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 true ee appowered 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.

V.PRES. G. M. HOAGLAND, JR.

SIGNATURE: