

5/18

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 02, 2001 8:00 am**  
**Secretary of State**

05-18-2001 91711 001 \*\*\*300.00

**DOCUMENT # F00000003038**

1. Entity Name

**RM CLASSICS CARS, INC.****RM AUCTIONS**

**9300 Wilshire B**  
**Beverly Hills, CA 90212**  
**U.S.A.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**ONE CLASSICS CAR DRIVE**  
**BLENHIM, ONTARIO N0P 1A0**

Mailing Address

**ONE CLASSICS CAR DRIVE**  
**BLENHIM, ONTARIO N0P 1A0**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**38-3153629**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional**  
**Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JEFFREY LUDWIG PA**  
**6620 SOUTHPOINT DR., S. STE 200**  
**JACKSONVILLE FL 32216**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD MEYERS, ROBERT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	R.R. #3 DOYLE SIDE ROAD	NAME	
STREET ADDRESS	CHATHAM, ONTARIO	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VD FAIRBAIRN, MICHAEL <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	483 KING STREET WEST	NAME	
STREET ADDRESS	CHATHAM, ONTARIO	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D WARRENER, DANIEL <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	142 WILLIAM STREET SOUTH	NAME	
STREET ADDRESS	CHATHAM, ONTARIO	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D SPENDLICK, DANIEL <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	142 WILLIAM STREET SOUTH	NAME	
STREET ADDRESS	WOODBIDGE, ONTARIO	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D MCEACHRAN, ROSS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	909 ST. CLAIR PKWY	NAME	
STREET ADDRESS	MOORETOWN, ONTARIO	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)