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2001 UNIFORM BUSINESS REPORT (UBR)

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Jul 18, 2001 8:00 am DOCUMENT # F00000006576 **Secrétary of State** 07-18-2001 90002 028 ***550 00 UGLY DUCKLING CAR SALES, INC. Mailing Address AHN: LCGAL Principal Place of Business 2525 EAST CAMELBACK ROAD. SUITE 500 2525 EAST CAMELBACK ROAD. SUITE 500 PHOENIX AZ 85016 PHOENIX AZ 85016 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For 86-0683232 Not Applicable Zip \$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 C T CORPORATION SYSTEM Street Address (P.Q. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code FL 8.4 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 DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 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 September 12, 2001 Fee will be \$750.00 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 OFFICERS AND DIRECTORS 11. 12. TITLE TITLE PTCD Delete NAME NAME SULLIVAN, GREGORY B STREET ADDRESS STREET ADDRESS 2525 EAST CAMELBACK ROAD, SUITE 500 CITY-ST-ZIP PHOENIX AZ 85016 CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition NAME NAME STANG, JEFF STREET ADDRESS STREET ADDRESS 2525 EAST CAMELBACK ROAD, SUITE 500 CITY-ST-ZIP CITY-ST-ZIP PHOENIX AZ 85016 ج بحج TITLE ☐ Addition TITLE NAME EHLINGER, JON D NAME STREET ADDRESS STREET ADDRESS 2525 EAST CAMELBACK ROAD, SUITE 500 CITY-ST-ZIP CITY-ST-7IP PHOENIX AZ 85016 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change ☐ Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 accurate empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if