2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE://

Mar 06, 2000 8:00 am **DOCUMENT # F56927 Secretary of State** C & D MOTORS, INC. 03-06-2000 90053 050 ***150.00 Mailing Address Principal Place of Business --- HWY 129 C/O RONALD J. COOK **ROUTE 1. BOX 1153** -----_ 1. BOX 1153 AI PIN FL 32062 MCALPIN FL 32062-9801 2. Principal Place of Business 3. Mailing Address - Suite, Apt. #, etc. Suite: Apt. # etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State 59-2141928 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COOK, RONALD J. Street Address (P.O. Box Number is Not Acceptable) **ROUTE 1, BOX 1153** MCALPIN FL 32062 City 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) 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, 2000 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 Delete Change TITLE COOK, RONALD J. NAME STREET ADDRESS RT 1 BOX 1153 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MCALPIN FL C Oelete TITLE Change Addition TITLE DOUGLAS, LUCUS C. JR. NAME NAME RT. 1 BOX 1064-1 STREET ADDRESS STREET ADDRESS MCALPIN FL CITY-ST-ZIP CITY-ST-7IF ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP [] Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition ☐ Change TITLE ☐ Delete 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 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

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