2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **F99000006216** Apr 17, 2001 8:00 am Secretary of State CARL FISCHER'S SUBURBAN-BUICK-PONTIAC-GMC F/K/A FISCHER AUTOMOTIVE GROUP, INC. 04-17-2001 90031 002 ***150.00 Principal Place of Business Mailing Address 2445 SOUTH EAST FEDERAL HIGHWAY 2445 SOUTH EAST FEDERAL HIGHWAY STUART FL 34994-4530 STUART FL 34994-4530 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 38-3100867 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City Zio 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible After MAY 1, 2001 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PVST** Delete ☐ Change Addition FISCHER, CARL E NAME STREET ADDRESS STREET ADDRESS 2445 SOUTH EAST FEDERAL HIGHWAY CITY-ST-ZIF CITY-ST-ZIP STUART FL 34994-4530 TITLE CD. ☐ Delete TITLE ☐ Change Addition NAME FISCHER, CARL E NAME STREET ADDRESS STREET ADDRESS 2445 SOUTH EAST FEDERAL HIGHWAY CITY-ST-ZIP CITY-ST-ZIP STUART FL 34994-4530 TITLE Delete Change - Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-7IP TITLE Delete Addition NAME STREET ADDRESS STREET ADDRESS COY-ST-7P CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition 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 eath; that I am an officer or director of the corporation or the receiver or figstee 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

3-29-01

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