2003 FOR PROFIT CORPORATION

Mar 27, 2003 8:00 am § **UNIFORM BUSINESS REPORT (UBR) Secretary of State** DOCUMENT # H52499 1. Entity Name 03-27-2003 90087 041 ***150.00 I. MACDOUGALL MOTORS, INC. Principal Place of Business Mailing Address 1633 STATE AVE 1633 STATE AVE HOLLY HILL FL 32117 HOLLY HILL FL 32117 ۷O 2. Principal Place of Business EXANDER ☐ CHECK HERE IF MAKING CHANGES Applied For 4. FEI Number 59-2656103 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MACDOUGALL, LINDA Street Address (P.O. Box Number is Not Acceptable) 1358 LAMBERT AVE -120 DUCK HAWK-CIR-FLAGLER Belt 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TIT! F ☐ Addition TITLE ☐ Delete NAME NAME MACDOUGALL, IRVIN J. 1358 LAMBERT AVE STREET ADDRESS STREET ADDRESS 120 DUCK HAWK CIR. FLAGLER BOH, FL 32186 CITY-ST-ZIP CITY-ST-7IP DAYTONA BEACH FL 32119 ☐ Delete TITLE STD NAME MACDOUGALL, LINDA D. STREET ADDRESS STREET ADDRESS 120 DUCK HAWK CIR. CITY-ST-ZIP CITY-ST-ZIP DAYTONA BCH FL 32119 TITLE z Prijejeje 🗢 🤝 TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE NAME NAME

12. 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 trystee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other live empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP

FILED