

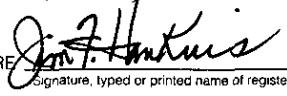
# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 26, 2000 8:00 am**  
**Secretary of State**

05-26-2000 90104 002 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| <b>DOCUMENT # 483807</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                               |                                                                                                                                                                                                   |                                                                                                                                          |
| 1. Entity Name<br><b>TREASURE COAST NISSAN, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                               |                                                                                                                                                                                                   |                                                                                                                                          |
| Principal Place of Business<br><b>946 U.S. 1, SOUTH<br/>VERO BEACH, FL 32962</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                               | Mailing Address<br><b>948 U.S. 1, SOUTH<br/>VERO BEACH, FL 32962<br/>US</b>                                                                                                                       |                                                                                                                                          |
| 2. Principal Place of Business<br><b>122 OGDEN AVE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                               | 3. Mailing Address<br><b>122 OGDEN AVE</b>                                                                                                                                                        |                                                                                                                                          |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                               | Suite, Apt. #, etc.                                                                                                                                                                               |                                                                                                                                          |
| City & State<br><b>SEBASTIAN, FL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                               | City & State<br><b>SEBASTIAN FL</b>                                                                                                                                                               |                                                                                                                                          |
| Zip<br><b>32958</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Country<br><b>USA</b>                                                                                         | Zip<br><b>32958</b>                                                                                                                                                                               | Country<br><b>USA</b>                                                                                                                    |
| 4. FEI Number<br><b>59-2598006</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                               | Applied For<br>Not Applicable                                                                                                                                                                     |                                                                                                                                          |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                               | \$8.75 Additional Fee Required                                                                                                                                                                    |                                                                                                                                          |
| 6. Name and Address of Current Registered Agent<br><b>HANKINS JAY B.<br/>948 U.S. 1, SOUTH<br/>VERO BEACH, FL 32962</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                               | 7. Name and Address of New Registered Agent<br>Name <b>JIM F. HANKINS</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>122 OGDEN AVE.</b><br>City <b>SEBASTIAN</b> FL <b>32958</b> |                                                                                                                                          |
| 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.<br>SIGNATURE  DATE <b>4-28-00</b><br><small>(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                                                                       |                                                                                                               |                                                                                                                                                                                                   |                                                                                                                                          |
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                               | <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After MAY 1, 2000 Fee will be \$550.00</b><br><b>Make Check Payable to Department of State</b>                                                           |                                                                                                                                          |
| 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                               | \$5.00 May Be Added to Fees                                                                                                                                                                       |                                                                                                                                          |
| 11. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                               |                                                                                                                                                                                                   |                                                                                                                                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>P<br/>HANKINS, L. F.<br/>948 U.S. 1, SOUTH<br/>VERO BEACH, FL 32962</b> <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                    | <b>P<br/>HANKINS, L. F.<br/>P.O. Box 4522<br/>VICTORIA, TX 77903</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>VS<br/>HANKINS, PHYLLIS<br/>948 U.S. 1, SOUTH<br/>VERO BEACH, FL 32962</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                    | <b>VS<br/>HANKINS PHYLLIS<br/>P.O. Box 4522<br/>VICTORIA, TX 77903</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                        |
| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                               |                                                                                                                                                                                                   |                                                                                                                                          |
| 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 (9/99)