2000 UNIFORM BUSINESS REPORT (UBR)

Apr 24, 2000 08:00 AM **DOCUMENT # .I18746** 1. Entity Name **Secretary of State** JIM QUINLAN, FORD LINCOLN-MERCURY, INC. Principal Place of Business Mailing Address 15005 US HWY 19 N 110 SE 6TH STREET 20 FLOOR FT LAUDERDALE CLEARWATER FL FL 33764 33301 US 2. Principal Place of Business 3. Mailing Address 7200 BROAD STREET Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For BROOKSVILLE FL 59-2690846 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 34601 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM 1200 S PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 Zip Code FL 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. 04/24/2000 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 After MAY 1, 2000 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 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE ☐ Change X Addition NAME NAME BOURHIS MARC STREET ADDRESS STREET ADDRESS 110 SE 6TH STREET, 20TH FL CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE 33301 TITLE ☐ Delete TITLE X Change ☐ Addition NAME NAME OUINLAN JAMES G FERRANDO JONATHAN STREET ADDRESS 15005 US HIGHWAY 19 S STREET ACCRESS 110 SE 6TH STREET, 20TH FL CITY-ST-ZIF CLEARWATER FI. CITY-ST-7IP FT. LAUDERDALE FT. 33301 TITLE ☐ Deiete TILE X Change ☐ Addition NAME KATHLEEN HYLE NAME OUINLAN JAMES STREET ADDRESS 110 SE 6TH STREET 20TH FL 110 SE 6TH STREET 20TH FL STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE 33301 CITY-ST-ZIP FT LAUDERDALE 33301 TITLE VPSD ☐ Defete TITLE X Change ☐ Addition NAME COLE **JAMES** NAME FERRANDO JONATHAN 110 SE 6TH STREET 20TH FL STREET ADDRESS STREET ADDRESS 110 SE 6TH STREET 20TH FL FT LAUDERDALE CITY-ST-ZIP FT LAUDERDALE 33301 CITY-ST-ZIP FL. 33301 FL. TITLE ☐ Delete TITLE X Change ☐ Addition NAME HAWKINS THOMAS MAROONE MICHAEL 110 SE 6TH STREET 20TH FL 110 SE 6TH STREET 20TH FL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL 33301 FT LAUDERDALE FL33301 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS

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^{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.