2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

J91310 DOCUMENT

1. Entity Name



FILED Jan 17, 2003 8:00 am Secretary of State

01-17-2003 90111 004 ***150.00



VOLUSIA SCHWINN AUTO SALES, INC. Principal Place of Business Mailing Address 2 CYPRESS VIEW TR 2 CYPRESS VIEW TR ORMOND BCH FL 32174 ORMOND BCH FL 32174 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-2890326 Zip Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent Fee Required 7. Name and Address of New Registered Agent Name WESTFALL, RICHARD L 2 CYPRESS VIEW TR Street Address (P.O. Box Number is Not Acceptable) ORMOND BEACH FL 32174 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. I am familiar with, and accept **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 After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PVD** TITLE ☐ Delete TITLE WESTFALL, RICHARD L. NAME ☐ Change Addition NAME STREET ADDRESS 2 CYPRESS VIEW TR STREET ADDRESS CITY-ST-7IP ORMOND BEACH FL 32174 CITY-ST-ZIP TITLE Delete TITLE NAME ☐ Change WESTFALL, JUDITH ☐ Addition NAME STREET ADDRESS 2 CYPRESS VIEW TR STREET ADDRESS CITY-ST-7IP ORMOND BEACH FL 32174 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME Change Change ☐ Addition . NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. 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 10 or Block 11 if

SIGNATURE:

CR2E034 (10/02)