2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000004627

1. Entity Name

SEMINOLE AUTOMOTIVE ACQUISITIONS, LLC

FILED

01 MAY 30 PM 4:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
671 FRONT STREET CELEBRATION, FL 34747 US	671 FRONT STREET CELEBRATION, FL 34747 US

2. Principal Place of Business	3. Mailing Address
2412 W. Tennessee St.	P.O. Box 700667
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Tallahassee, Florida	St. Cloud, Florida
Zip 32304 Country US	Zip 34770 Country US

DO NOT WRITE IN THIS SPACE MJM

4. FEI Number 59-3640963 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
Humphries, J. Gregory 20 N. Orange Avenue, Suite 1000 Orlando, Florida 32801-4626	Name Humphries, J. Gregory Street Address (P.O. Box Number is Not Acceptable) Shutts & Bowen 300 S. Orange Avenue, Suite 1000 City Orlando FL Zip Code 32801

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

[redacted]

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☑ Addition MGRM Starling, Alan C. 3550 W. 13th Street St. Cloud, FL 34769
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☑ Addition MGR Ticehurst, Gregg 10000 River Glen Court Orlando, FL 32825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 600004429956--2 -06/19/01--01071--019 *****55.00 *****50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (11/00)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Gregg Ticehurst Gregg Ticehurst 5/24/2001 (407)892-2224
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #