## 2001 UNIFORM BUSINESS REPORT (UBR) Apr 16, 2001 8:00 am Secretary of State **DOCUMENT # L25391** 1. Entity Name ALL BREVARD GOLF CARS, INC. 04-16-2001 90276 025 \*\*\*150.00 Principal Place of Business Mailing Address 638 EYSTER BLVD 638 EYSTER BLVD. ROCKLEDGE FL 32955 ROCKLEDGE FL 32955 NAN2/2\P 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2972578 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RICHARD W. SUMPTER Street Address (P.O. Box Number is Not Acceptable) 638 EYSTER BLVD **ROCKLEDGE FL 32955** 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. The company were and a property of the the said of the contract of th 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 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Addition ☐ Change TITLE Delete TITLE NAME KLINE. KENNETH D. NAME STREET ADDRESS 825 LAKEWOOD CIR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MERRITT ISLAND FL ☐ Change ☐ Addition ☐ Delete WARTELL, ROBERT B. NAME STREET ADDRESS 1655 WESTPORT RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF MERRITT ISLAND FL ☐ Addition ☐ Delete TITLE ☐ Change TITLE SUMPTER, RICHARD W. NAME NAME STREET ADDRESS STREET ADDRESS 936 BEA PL CITY-ST-ZIP CITY-ST-ZIP ROCKLEDGE FL ☐ Delete\_ ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 of 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Delete

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

RICHARD W. SUMPTER

4/10/01 3216396777

)

Daytime Phone #

☐ Change

☐ Addition