2000 UNIFORM BUSINESS REPORT (UBR)

0008637 AF

DOCUMENT # L99000006413

1. Entity Name

FUNVEST MOTORS LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 FEB 11 AM 11:31

Principal Place of Business	Mailing Address
15717 BREEZY POINT DRIVE NORTH FORT MYERS FL 33917	15717 BREEZY POINT DRIVE NORTH FORT MYERS FL 33917-5449

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1934 SE 37th TERRACE Suite, Apt. #, etc.	1934 SE 37TH TERR Suite, Apt. #, etc.
City & State: CAPE CORAL, FL	City & State: CAPE CORAL, FL
Zip: 33904 Country: USA	Zip: 33904 Country: USA

4. FEI Number: 065597617 ☐ 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
SOBEL, L. JAMES 15717 BREEZY POINT DRIVE NORTH FORT MYERS FL 33917	Name: L. JAMES SOBEL Street Address (P.O. Box Number is Not Acceptable): 1934 SE 37th TERR City: CAPE CORAL **FL** Zip Code: 33904

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: L. JAMES SOBEL, MGR — L. James Sobel, Mgr — 1/17/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR SOBEL, L. JAMES 15717 BREEZY POINT DRIVE NORTH FORT MYERS FL 33917 ☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR L. JAMES SOBEL 1934 SE 37th TERRACE CAPE CORAL, FL 33904 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition mf 2/22/00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 700003148027--3
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	-02/25/00--01083-005 ☐ Change ☐ Addition *****55.00 *****55.00
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

CR2E083 (9/99)

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: ~~SIGNATURE REQUIRED~~ L. James Sobel 1/17/00 9415402990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #