## FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 22, 2002 8:00 am<sup>§</sup> Secretary of State DOCUMENT # N0200000184 1. Entity Name 05-22-2002 90193 002 \*\*\*\*61.25 GO DRIVING SCHOOL, INC. Principal Place of Business Mailing Address 460 N 427 STE 130 480 N 427 STE 130 LONGWOOD FL 32750 LONGWOOD FL 32750 Mailing Address 12 1 Principal Place of Business Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For Not Applicable \$8.75 Additional Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) TERENZIO, ROBERT-T-ROLINSKI, TERENZIO & SUAREZ, LLP 1917 BOOTHE CIRCLE STE 171 LONGWOOD FL 32750 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** (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. TITLE ☐ Delete TITLE TONEY, KENNETH R NAME NAME N. COUNTRY CLUB DRIVE STREET ADDRESS 460 N 427 STE 130 STREET ADDRESS MARY 32746 LONGWOOD FL 32750 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE SUAREZ, LOUIS R NAME NAME 1917 BOOTHE CIR STE 171 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP LONGWOOD FL 32750 D. TERENZIO, ROBERT T NAME NAME 1917 BOOTHE CIR STE 171 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LONGWOOD FL 32750 TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **T**Undition ☐ Delete TITLE Gecretary NAME NAME Treusus STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment wi

SIGNATURE