2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Mar 15, 2000 8:00 am Secretary of State **DOCUMENT # N11485** 1. Entity Name CLASSIC CORVETTES OF ORLANDO, INC. 03-15-2000 90017 025 ****61.25 Principal Place of Business Mailing Address 3008 SARATOGA DR 3008 SARATOGA DR ORLANDO FL 32806 ORLANDO FL 32806-5625 2. Principal Place of Business 5231 RAZOR BACK 3. Mailing Address RAZORBACK CT. 5231 Suite, Apt. #, etc. Sùite, Apt. #, etc. DO NOT WRITE IN THIS SPACE **4**) Applied For City & State City & State 4. FEI Number 59-2444503 Not Applicable \$8.75 Additional 5. 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) RANSOM, BILL 3008 SARATOGA DR ORLANDO FL 32806 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 SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Delete Change Change ☐ Addition TD TITI F TITLE RONALD J. GOSSELIN RANSOM, BILL NAME NAME 5231 RAZORBALLET. STREET ADDRESS STREET ADDRESS 3008 SARATOGA RD. CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32819 ORLANDO FL Change TITLE Delete. TITLE BRENT FERGUSON NAME CHOATE, HENRY NAME 3440 MARSTON DR. -ORLANDO- FL - 32812 STREET ADDRESS STREET ADDRESS 768 LAKE COMO DR City-St-78P _ CITY-ST-ZIP -LAKE MARY FL 32746 Delete Change Ch □ Addition TITLE TITLE WAYNE THOMPSON NAME NAPOLI, MARK NAME 1405 PWE STEET STREET ADDRESS STREET ADDRESS 191 AIRVIEW AVE NE CITY-ST-ZIP MELBOURN FL CITY-ST-ZIP PALM BAY FL 32907 Change Addition D Delete TITLE DONNA HENDRICKS NAME WHITE, BETTY NAME 1949 SNOOK DR. STREET ADDRESS STREET ADDRESS 191 AIRVIEW AVE NE CITY-ST-7IP CITY-ST-ZIP DELTONA PALM BAY FL 32907 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME Duf. Marybeth STREET ADDRESS STREET ADDRESS 14013 COUNTY ESTATES DR CITY-ST-ZIP CITY-ST-ZIP WINTER GARDEN FL 34787 Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 with an address, with although the proposered.

GOFFICER OR DIRECTOR

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Date

Date