2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2001 8:00 am
Secretary of State
02-13-2001 90056 007 ****61.25

DOCUMENT # N43705

1. Entity Name

CLASSIC CAMARO OF CENTRAL FLORIDA INC.

Principal Place of Business	Mailing Address
BOX 948069 MAITLAND FL 32794-8069 US	BOX 948069 MAITLAND FL 32794-8069 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1779 S. Orange Bl. Tr.	1779 S. Orange Blossom Tr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Apopka Fla.	City & State: Apopka FLA
Zip: 32703 Country: USA	Zip: 32703 Country: USA

4. FEI Number 59-3023292 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CAVENDER, JIM II 3176 CURRY WOODS CIR ORLANDO FL 32822	Name: GENE FORGUSON Street Address (P.O. Box Number is Not Acceptable): 202 DOGWOOD DR. City: SANFORD FL Zip Code: 32771

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: _____ Feb. 3, 2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees	Make Check Payable to: Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CAVENDER, JIM II 3176 CURRY WOODS CIR ORLANDO FL 32822	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES GENE FORGUSON 202 DOGWOOD DR. SANFORD Fla. 32771 (PD)	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD CARLE, REICHE 531 YENTRIS COURT MAITLAND FL 32751	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ROBER LUCZAK (VD) 12512 DARBY AV. ORLANDO FL 32837	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS CAVENDER, STACIE 3176 CURRY WOODS CIR ORLANDO FL 32822	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SEC FINDA LUCZAK (DS) 12512 DARBY AV ORLANDO FL 32837	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT O'BRIEN, JOHN 2748 ARAGON TERR LAKE MARY FL 32746	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TRES. Dolores Swobodzien (DT) 1522 Balmy Beach Dr. Apopka Fl. 32703	☒ 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

CR2E037 (10/00)

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 with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED _____ 2/27/01 407 880-8221
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #