2002 UNIFORM BUSINESS REPORT (UBR)

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FILED
Apr 09, 2002 8:00 am
Secretary of State
03-12-2002 90266 047 ****61.25

DOCUMENT # N43705

1. Entity Name

CLASSIC CAMARO OF CENTRAL FLORIDA INC.

Principal Place of Business	Mailing Address
1779 S ORANGE BLOSSOM TRAIL APOPKA FL 32703 US	1779 S ORANGE BLOSSOM TRAIL APOPKA FL 32703 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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
FORGUSON, GENE 202 DOGWOOD DR SANFORD FL 32771	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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 Gene Forguson 2-16-02
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 FORGUSON, GENE 202 DOGWOOD DR SANFORD FL 32771	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ~~LUCZAK, ROGER~~ ~~42512 DARBY AVE~~ ~~ORLANDO FL 32807~~	☒ Delete	TITLE Vice President VD. NAME Jimmy R. Lavender II STREET ADDRESS 505 S Mt. Plymouth Rd. CITY-ST-ZIP Apopka, FL 32712	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS ~~LUCZAK, LINDA~~ ~~42512 DARBY AVENUE~~ ~~ORLANDO FL 32807~~	☒ Delete	TITLE Secretary DS. NAME Curt Riley STREET ADDRESS 5609 Corrado Dr. CITY-ST-ZIP Orlando, FL 32839	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT SWOBODZIEN, DOLORES 1522 BALMY BEACH DR APOPKA FL 32703	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (9/01)

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 2-16-02 407-880-8221
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #