## 2001 UNIFORM BUSINESS REPORT (UBR) May 10, 2001 8:00 am Secretary of State DOCUMENT # P0000002233 ELECTROCAR MOTOR COMPANY INC. 05-10-2001 90155 017 \*\*\*150.00 Principal Place of Business Mailing Address 2850 S.E. 59TH ST 2850 S.E. 59TH ST OCALA FL 34480 OCALA FL 34480 2. Principal Place of Business Fine Ave Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HILTON, RICHARD Street Address (P.O. Box Number is Not Acceptable) 2850 S.E. 59TH ST **OCALA FL 34480** Zip Code FL 8. The above name entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 4-28-01 SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE ☐ Change Addition HILTON, RICHARD STREET ADDRESS 2850 S.E. 59TH ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OCALA FL 34480 TITLE Delete TITLE ☐ Change ☐ Addition RUARK, KEVIN NAME NAME STREET ADDRESS 38-A PALM RUN STREET ADDRESS CITY-ST-ZIP **OCALA FL 34472** CITY-ST-ZIP TITLE TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like processed.

SIGNATURE:

4-28-01 352-671-7679
Date Daytime Phone #