2001 UNIFORM BUSINESS REPORT (UBR)

Mar 16, 2001 8:00 am Secretary of State DOCUMENT # P0000004261 SPORTLINE AUTO, INC. 03-16-2001 90028 011 ***150.00 Principal Place of Business Mailing Address 27871 INDUSTRIAL STREET 27871 INDUSTRIAL STREET **BONITA SPRINGS FL 34135** BONITA SPRINGS FL 34135 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State Not Applicable \$8,75 Additional Country Country 5. Certificate of Status Desired Fee Bequired~ 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DEAN, DIANA Street Address (P.O. Box Number is Not Acceptable) 720 31ST STREET, N.W. NAPLES FL 34120 Zip Code City FL 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 Signature, typed or printed name of registered agent and title if applicable. (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 Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) . ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS Addition ☐ Delete Change TITLE TITLE WOODHOUSE, PHILLIP NAME NAME 1903 COUNTESS COURT STREET ADDRESS STREET ADDRESS NAPLES FL 34110 CITY-ST-ZIP CITY-ST-ZIP VD ☐ Change ☐ Addition ☐ Delete TITLE TITLE DEAN, DIANA NAME NAME 720 31ST STREET, N.W. STREET ADDRESS STREET ADDRESS CITY-ST-7IP NAPLES FL 34120 CITY-ST-ZIP TD ____ Addition . Delete . -- ---_TITLE .~ -TITLE . RING, BRIAN NAME NAME 1625 AVION PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES FL 34104 CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE CHILES, TERRY NAME NAME 3681 12TH AVENUE, N.E. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES FL 34104 CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND THED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J-13-0/

441-949-6901

Daytime Phone #

FILED