FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # P 00.0000 22389 1. Entity Name
B & C of Southwest FL., Inc. 02 MAY 10 AM 11: 16 SECRETARY OF STATE IALLAHASSEE FLORIDA DO NOT WRITE IN THIS SPACE 30000ŠŠŠ6063--2 -05/17/02--01006--008 ****300.00 ****300.00 3. Mailing Address
U175 Fo 2. Principal Place of Business 10 sler St 4125 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc Anit tink Applied For 4. FEI Number City & State City & State 65 098956s Not Applicable ∞ Zip 2 Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of Current Registered Agent -Patrick Cochrane DO NOT WRITE IN THIS SPACE 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 (NOTE: Registered Agent signature required when reinstating) re, typed or printed name of registered agent and title if applicable. January 1 - May 1 Fee is \$150.00 9. This corporation is eligible to satisfy its Intangible After May 1, Fee Is \$550.00 Amended UBR Is \$61.25 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. CR2E034B (12/01) President TITLE TITLE Patrick B. Cochrane 13/81 old Rodeo Dr. NAME NAME STREET ADDRESS STREET ADDRESS Alva , FL 33020 CITY-ST-7IP CITY-ST-ZIP Vice President TITLE TITLE Renee L. Cochrane NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Alua, FL 33920 TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS **DO NOT WRITE** CITY-ST-ZIP CITY-ST-7IP TITLE IN THIS SPACE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-78P CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 on an attachment with an address. With a other like exproyered.



ACCOUNT NO. : 072100000032

REFERENCE : 574814 7336343

AUTHORIZATION :

COST LIMIT : \$ PPD

ORDER DATE: May 10, 2002

ORDER TIME : 11:54 AM

ORDER NO. : 574814-005

CUSTOMER NO: 7336343

CUSTOMER: Mr. Patrick Cochrane

Action Four Wheel Drive Center

4125 Fowler Street

Fort Myers, FL 33901

ANNUAL REPORT FILING

NAME: B & C OF SOUTHWEST FL, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder-EXT#1118

EXAMINER'S INITIALS:

OZ MAY 10 PH 2: 07
DIVISION OF CONFORMATION

May 9, 2002

B & C of Southwest FL., Inc. DBA Action Four Wheel Drive Center 4125 Fowler Street Fort Myers, FL 33901

Uniform Business Report Division of Corporations P.O. Box 1500 Tallahassee, FL 32302-1500

Re: Non-receipt of 2001 Report

This letter is to make you aware that the UBR for Profit Corporation for the year 2001 was not received and therefore not filed. The corporation still exists and attached is the UBR for the year 2002.

Please notice the changes made in officers on the application.

I am asking you at this time to waive the reinstatement fee. Enclosed you will find \$300 for the 2001 filing and 2002 filing.

Should you have any inquiries do not hesitate to contact me at (941) 939-7340.

Sincerely,

Patrick B. Cochrane

President

PC/lkc