FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 23, 2001 8:00 am Secretary of State DOCUMENT # P00000100756 AUTO CREDIT NATION, INC. -04-23-2001 90192 046 ***150.00 Principal Place of Business Mailing Address 1001 NORTH BAY STREET 1001 NORTH BAY STREET EUSTIS FL 32726 EUSTIS FL 32726 2. Principal Place of Business 3. Mailing Address Same as 1001 North above Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 32726 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GIVENS, MARY KAY Street Address (P.O. Box Number is Not Acceptable) 10784 OAK GLEN CIRCLE ORLANDO FL 32817 City Zip Code 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) DATE 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 - ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change Addition TITLE Delete TITLE NAME GIVENS, MARY KAY NAME STREET ADDRESS 10784 OAK GLEN CIRCLE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ORLANDO FL 32817 ☐ Change ☐ Addition TITLE TITLE NAME GIVENS, CHARLES J NAME STREET ADDRESS 10784 OAK GLEN CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32817 TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Change ☐ Addition ☐ Delete 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 empowered.