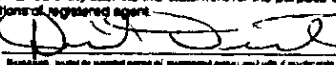
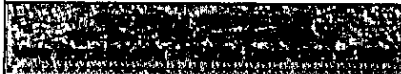


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91776 039 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000047417			
1. Entity Name FLORIDA TARPON AUTO & TRUCK SALES, INC.			
Principal Place of Business 1721 BENBOW CT APOPKA, FL 32703		Mailing Address 1721 BENBOW CT APOPKA, FL 32703	
2. Principal Place of Business		3. Mailing Address 208 CROWN OAKS WAY	
Suite, Apt. #, etc.		Suite, Apt. #, etc. LONGWOOD	
City & State		City & State FL	
Zip	Country	Zip 32779 Country USA	
4. FEI Number 04-3649931		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$5.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DEMETREE, DAVID 1721 BENBOW CT APOPKA, FL 32703		7. Name and Address of New Registered Agent Name DAVID Demetree Street Address (P.O. Box Number is Not Acceptable) 208 CROWN OAKS WAY City LONGWOOD FL Zip Code 32779	
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. I am familiar with, and accept the obligations of, registered agent.			
SIGNATURE  Signature (typed or printed name of registered agent and date if applicable)		DATE 4-29-03	
		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DPS MEAD, RONALD J 1721 BENBOW CT APOPKA, FL 32703 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	DPS meade RONALD J. 208 CROWN OAKS WAY LONGWOOD FL 32779 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DVT DEMETREE, DAVID 1721 BENBOW CT APOPKA, FL 32703 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	DVT Demetree, DAVID 208 CROWN OAKS WAY LONGWOOD FL ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 507, 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 AND TYPED OR PRINTED NAME OF ISSUING OFFICER OR DIRECTOR		DATE 4-29-03 407-592-1218	