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May 05, 2003 8:00 am
Secretary of State
05-05-2003 91776 039 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

11041062

DOCUMENT # P02000047417

1. Entity Name
FLORIDA TARPON AUTO & TRUCK SALES, INC.

Principal Place of Business	Mailing Address
1721 BENBOW CT APOPKA, FL 32703	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

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 04-3649931 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 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] 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
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)(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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4-29-03 407-592-1218
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)