2003 FOR PROFIT CORPORATION

FILED Mar 17, 2003 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBR) P02000055537 **DOCUMENT #** 03-17-2003 90122 011 ***150.00 1. Entity Name FINISH LINE AUTO & ACCESSORIES, INC. Mailing Address Principal Place of Business 30 ALMOND DRIVE 30 ALMOND DRIVE OCALA FL 34471 OCALA FL 34471 3. Mailing Address 2. Principal Place of Business 30 Almond DR Suite, Apt. #, etc. THE CHECK HERE IF MAKING CHANGES Suite, Apt. #, etc Applied For 4. FEI Number City & State Not Applicable 81 - 0554710 \$8.75 Additional 7in Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent JORDAN, MICHAEL W Street Address (P.O. Box Number is Not Acceptable) 30 ALMOND DRIVE OCALA FL 34471 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 \$5.00 May Be Election Campaign Financing Added to Fees After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 10. Change Addition TITLE ☐ Delete President TITLE Michael W. Jordan NAME NAME 14601 SE IST AVE Rd Summertield, FL 3 Vice President STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition ☐ Change Delete TITLE LISA A Jordan 4601 SE IST AUG RO NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Change TITLE Delete . . TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Delete

Change

Addition

CR2E034 (10/02)