FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

of the corporation

SIGNATURE

Mar 15, 2004 8:00 am **Secretary of State** DOCUMENT # P0200085480 03-15-2004 90060 008 ***150.00 The CAR CABANA OF MELBOURNE INC DO NOT WRITE IN THIS SPACE 24021443 2. Principal Place of Business 3. Mailing Address 10 E. NEW HAVEN AU Suite, Apt. #, etc. SAME Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 1136469 Not Applicable DELBOUZNE Country Country \$8,75 Additional 5. Certificate of Status Desired BREVALD Fee Required 7. Name and Address of Current Registered Agent OFFMAN DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE O EASTNEW HAVEN DELIBOUZNE nanging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept ove named entity submits this statemen the Utiligations of registered as COFFMAN January 1 - May 1 Fee is \$150 by After May 1, Fee 5 \$850.00 Amended UBR is \$61.20 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS TITLE RESIDENT TITLE DON COFFINAN 10 EAST NEW HAVEN AUG NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MEGBOUZNE 32901 CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE. TITLE NAME NAME STREET ADDRESS MEET ADDRESS CITY-ST-ZIP CITY-ST-7IP does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information accurate that my signature shall have the same legal effect as if made under oath; that I am an officer or director execute his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an 12. I hereby certify that the information supplied with this filling indicated on this report or supplemental report is treat and

OFFMAN

FILED

3/12/04