

04-08-2005 90034 017 \*\*\*150.00

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|---|---|---|--|
| <b>DOCUMENT # P04000044854</b><br>1. Entity Name<br><b>ELECTRI CAR CENTER ,INC.</b>   |   | <b>Secretary of State</b><br>04-08-2005 90034 017 ***150.00   |  |
| Principal Place of Business<br>2507 W. HIAWATHA ST.<br>TAMPA, FL 33614  |   | Mailing Address<br>2507 W. HIAWATHA ST.<br>TAMPA, FL 33614  |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.<br><br>City & State<br><br>Zip      Country   |   | 3. Mailing Address<br><br>Suite, Apt. #, etc.<br><br>City & State<br><br>Zip      Country   |  |
| 4. FEI Number<br><b>20-0851024</b>  |   | Applied For<br><input type="checkbox"/> Not Applicable  |  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required  |   | 6. Name and Address of Current Registered Agent<br><b>WILHELMI, RANDALL</b><br><b>2507 W. HIAWATHA ST</b><br><b>TAMPA, FL 33614</b>   |  |
| 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code  |   | 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<br>Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)      DATE  |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees   |  |
| 10. OFFICERS AND DIRECTORS  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP<br><br>PD<br>WILHELMI, ERIC<br>2507 W HIAWATHA ST.<br>TAMPA, FL 33614 <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP<br><br>VPD<br>WILHELMI, TODD<br>2507 W HIAWATHA ST.<br>TAMPA, FL 33614 <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP<br><br>STD<br>WILHELMI, RANDALL<br>2507 W HIAWATHA ST.<br>TAMPA, FL 33614 <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP<br><br>Change    Addition  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP<br><br>Change    Addition  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP<br><br>Change    Addition  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP<br><br>Change    Addition  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP<br><br>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 907, 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: <b>Todd Wilhelm</b>  |   | Date: <b>4-4-05</b> Daytime Phone: <b>813-319-4653</b>  |  |