## 2001 UNIFORM-BUSINESS REPORT (UBR)

## FILED Apr 12, 2001 8:00 am Secretary of State DOCUMENT # P93000026264 1. Entity Name DEALER DEVELOPMENT SERVICES, INC. 04-12-2001 90665 001 \*1.800.00 Principal Place of Business Mailing Address 5200 S. WASHINGTON AVE 5200 S. WASHINGTON AVE SUITE 111 SUITE 111 TITUSVILLE FL 32780 TITUSVILLE FL 32780 US 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, eta DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 59-3174963 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name ANDERSON, RONALD W 5200 S WASHINTON AVE TITUSVILLE FL 32780 entity suffinits this state went if the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above na (NOTE: Registered Agent signature required when reinstating) e, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change TITLE Delete SIEBEL, DONNA NAME NAME 1555 Semoran Blud STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME DOWNING, ROBERT J NAME STREET ADDRESS 5200 S. WASHINGTON AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITUSVILLE FL 32780 TITLE Addition TITLE NAME KLOPD, ALBERT NAME STREET ADDRESS 5200 S. WASHINGTON AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITUSVILLE FL PD Addition TITLE NAME SMITH, GARY R. NAME STREET ADDRESS 5200 S. WASHINGTON AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITUSVILLE FL TITLE TITLE ☐ Change ☐ Addition NAME MONELLO, ALLEN NAME STREET ADDRESS STREET ADDRESS 5200 S. WASHINGTON AVE. CITY-ST-ZIP CITY-ST-7IP TITUSVILLE FL 32780 TITLE TITLE ☐ Change ■ Addition NAME HILL, MICHAEL A NAME STREET ADDRESS 5200 S. WASHINGTON AVE. STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITUSVILLE FL 32780

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR