2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

FILED Mar 20, 2000 8:00 am Secretary of State DOCUMENT # P9300074099 VAST AUTO SALES: INC. 03-20-2000 90147 045 ***150.00 Mailing Address Principal Place of Business 7170 EAST COLONIAL DRIVE 7170 EAST COLONIAL DR ORLANDO FL 32807-3407 ORLANDO FL 32807-6310 Principal Place of Business 3. Mailing Address 4401-WATERHILL ATE 1- WATERMILL AVE Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 59-3209468 ORLANDO Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name VASTOLA, DANIEL Street Address (P.O. Box Number is Not Acceptable) 4401 WATERMILL AVE ORLANDO FL 32817-1380 Zip Code FL 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. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Addition ☐ Change ☐ Delete TITLE TITLE VASTOLA, DANIEL NAME NAME 4401 WATERMILL AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32817-1380 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE VASTOLA, ROSEMARY NAME NAME 4401 - WATERMILL AVE STREET ADDRESS STREET ADDRESS ORLANDO FL 32817-1380 CITY-ST-ZIP CITY-ST-ZIE ☐ Change ☐ Addition TITLE Delete TIT! F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of the corporation or the receiver or true of the corporation or the receiver or true of the corporation or the receiver or true or tr and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director is the 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 att MARCH 8, 2000 (407)