2000 UNIFORM BUSINESS REPORT (UBB) **FILED** Apr 07, 2000 8:00 am Secretary of State DOCUMENT # P94000088729 1. Entity Name BIG DADDY'S AUTO SALES, INC. 04-07-2000 90113 001 *1,905.00 Mailing Address Principal Place of Business 1008 ROYAL ABERDEEN WAY 1008 ROYAL ABERDEEN WAY ORLANDO FL 32828 ORLANDO FL 32828-8008 10000 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 59-3567558 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CAMILLO JosepH BAILEY, JAMES H O. Box Number is Not Acceptable) 1008 ROYAL ABERDEEN WAY ORLANDO FL 32828 8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida Agent signature required when reinstating) F(LE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 11. OFFICERS AND DIRECTORS 12. ☐ Addition ☐ Delete TITLE Change TITLE BAILEY, JAMES H NAME NAME 1008 ROYAL ABERDEEN WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32828 CITY-ST-7IP ☐ Addition TITLE ☐ Change ☐ 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-ZIF ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition ☐ Delete TITLE ☐ Change 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 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7tP

STREET ADDRESS CITY-ST-7IP

TITLE

NAME

☐ Delete

☐ Change

☐ Addition