2001 UNIFORM BUSINESS REPORT (UBR) FILED May 01, 2001 8:00 am Secretary of State DOCUMENT # P9500007850 1. Entity Name RICK'S IMPORT PERFORMANCE, INC. 05-01-2001 90041 021 ***150.00 Principal Place of Business Mailing Address 2220 NORTH ORANGE AVE. 2220 NORTH ORANGE AVE. ORLANDO FL 32804 ORLANDO FL 32804 2. Principal Place of Business 3. Mailing Address 1007 Dillard 1007 DIWARD ST Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 59-3186175 Garden Winter Garden Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired usA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Kichard PHILLIPS, RICHARD L Street Address (P.O. Box Number is Not Acceptable) 139 GRAND JUNCTION BLVD. ORLANDO FL 32835 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 (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 After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition TITLE ☐ Delète PHILLIPS, RICHARD L. NAME NAME 16404 SANDHILL RD STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP WINTER GARDEN FL 34787 ☐ Change ☐ Addition ☐ Delete TITLE TITLE PHILLIPS, LAURA NAME NAME STREET ADDRESS STREET ADDRESS 16404 SANDHILL RD CITY-ST-ZIP CITY-ST-ZIP WINTER GARDEN FL 34787 Addition · Change TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 propowered.

SIGNATURE: