2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 26, 2001 8:00 am Secretary of State DOCUMENT # **P95000056459** SELECT AUTO SALES OF OCALA, INC. 04-26-2001 90262 029 ***150.00 Principal Place of Business Mailing Address 9360 S HWY 441 BOX 16 P.O. BOX 3397 OCALA FL 33480 -BELLEVIEW FL 34421 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 59-3327198 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MOOERS, STEVEN B Street Address (P.O. Box Number is Not Acceptable) 9360 S HWY 441 BOX 16 OCALA FL 33480 Zio 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) FILE MOWIN 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 Pavable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Delete TITLE TETLE Change MOOERS, STEVEN B NAME NAME 9360 S HWY 441 BOX 16 STREET ADDRESS STREET ADDRESS CITY-ST-7iP CITY-ST-7IP OCALA FL 33480 TITLE Delete TITLE MOOERS, WILLIAM H NAME NAME 9360 S HWY 441 BOX 16 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - 71P OCALA FL 33480 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-7IP TITLE TITLE ☐ Delete ☐ Change Addition NAME MARKE STREET ADDRESS STREET ADDRESS C:TY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Delete TITLE Change Acdition 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 empowered.

352-245-2051