2002 UNIFORM BUSINESS REPORT (UBR)

Apr 23, 2002 8:00 am Secretary of State DOCUMENT # P95000076374 1. Entity Name 04-23-2002 90385 018 ***150 SOUTHERN STAR INTERNATIONAL MOTORS, INC. Principal Place of Business Mailing Address 4103 LAS PALMAS WAY 2260 WHITFIELD PARK DRIVE SARASOTA FL 34238 UNIT J-9 SARASOTA FL 34243 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number City & State Applied For NOT APPLICABLE Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ANTHONY, BARBARA A Street Address (P.O. Box Number is Not Acceptable) 4103 LAS PALMAS WAY SARASOTA FL 34238 Zip Code City 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. 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, 2002 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 11. Change ☐ Addition TITLE SD Delete TITLE NAME anthony, Barbara a NAME STREET ADDRESS STREET ADDRESS 4103 LAS PALMAS WAY CITY-ST-7IP SARASOTA FL CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME anthôny, lee j NAME STREET ADDRESS STREET ADDRESS 4103 LAS PALMAS WAY CITY-ST-ZIP CITY-ST-ZIP sarasota fl Delete Change TITLE TITLE ☐ Addition NAME NAME anthony scor PLEASE STREET ADDRESS STREET ADDRESS 4103 Las Balmas Way DELETE CITY-ST-ZIP CITY-ST-ZIE TITLE ☐ Change ☐ Addition TITLE ☐ Delete 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-7IP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP

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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _

(941) 923-2951 Daytire Phone #

FILED