2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 15, 2000 8:00 am Secretary of State DOCUMENT # P96000002433 LET'S MAKE A DEAL CAR, INC. 05-15-2000 90154 046 ***158.75 Principal Place of Business Mailing Address 23415 JANICE AVE 23415 JANICE AVE PT CHARLOTTE FL 33980 PT CHARLOTTE FL 33980-5405 HS US Mailing Address 0 Box 512102 2. Principal Place of Business SAn DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0631005 unta Gorda Fl Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired MSA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent **DELONG, TERESA** Street Address (P.O. Box Number is Not Acceptable) 23415 JANICE AVE #B PT CHARLOTTE FL 33980 Zip Code City F۱ 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) d agent and title if applicable 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, 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 OFFICERS AND DIRECTORS 12 11. TITLE ☐ Change ☐ Addition Delete TITLE GEERTS, ELIZABETH A NAME NAME STREET ADDRESS STREET ADDRESS 706 W MARION AVE CITY-ST-ZIP CITY-ST-ZIP **PUNTA GORDA FL** Change Addition TITI F TITLE 🛛 Delete NAME NAME GEERTS, CHAD A STREET ADDRESS STREET ADDRESS 706 W MARION AVE CITY-ST-ZIP CITY-ST-ZIP **PUNTA GORDA FL** Change ☐ Addition Delete TITLE TITLE GEERTS, ELIZABETH A NAME NAME STREET ADDRESS 706 W MARION AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **PUNTA GORDA FL** Change ☐ Addition **PST** ☐ Delete TITLE TITLÉ DELONG, TERESA NAME NAME STREET ADDRESS STREET ADDRESS 23415 JANICE AVENUE, UNIT B CITY-ST-ZIP CITY ST_ZIP PORT CHARLOTTE FL 33980 Change --- -- --- Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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: