2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P96000023532** Sep 18, 2000 8:00 am Secretary of State 1. Entity Name G & R AUTO CENTER, INC. 09-18-2000 90015 009 ***550.00 Principal Place of Business Mailing Address 1300 GRAND ST 7558 NOLTON WAY ORLANDO FL 32805 ORLANDO FL 32822 US 2. Principal Place of Business 3. Mailing Address Lake Club 3907 Elel 2604 Whisper Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-3433400 Orland 6 orlan du Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 3283千 ฎ฿๏฿ brange Fee Required orense 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Piecrot Careau HECK, STEPHEN V Street Address (P.O. Box Number is Not Acceptable) 1905 RUSSOBER COURT Dr. ORLANDO FL 32826 8. The above named entity submits this statement for the purpase of changing its registered office or registered agent, or both, in the State of Florida 9-12-2000 SIGNATURE DATE . (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 **PVST** PUST ☐ Addition Delete TITLE Richard Careau HECK, ROBIN A 2604 Whisper Lake club Cir NAME 1905 RUSSOBER COURT STREET ADDRESS STREET ADDRESS ORLANDO FL 32826 CITY-ST-ZIP 32837 Change Addition ☐ Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Delete TITI F ☐ Addition NAME

CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITI F □ Delete TITI F NAME NAME . STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-SY-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE 3.43 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.

SIGNATURE:

q-11-2000

407-786-4445

aytime Phone #