2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P96000041797 Jul 21, 2000 8:00 am Secretary of State 1. Entity Name LAKE PLACID MOTORCAR, INC. 07-21-2000 90160 044 ***550.00 2920 ALT 275 PO BOX 1649 SEBRING FL 33870 LAKE PLACID FL 33862 US 2. Principal Place of Busines Suite, Apt. #, etc 4. FEI Number Applied For 65-0679665 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RHOADES, CLIFFORD R Address (P.O. Box Number is Not Acceptable) 227 N. RIDGEWOOD DRIVE SEBRING FL 33870 in the State of Florida 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, SIGNATURE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 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 D DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition TITLE Delete TITLE GRAVES. DEBRA KEESEE NAME NAME STREET ADDRESS STREET ADDRESS **18 NORTH OAK STREET** CITY-ST-ZIP CITY-ST-ZIP LAKE PLACID FL 33852 Delete TITLE TITLE GRAVES, JOHN-R_ NAME . NAME __ **18 NORTH OAK STREET** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE PLACID FL 33852 Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CUY-ST-ZIP 'ČITY-ST-ZIP □ Change ☐ Addition TITLE ☐ Delete TITLE NÀME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 of trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 in my name appears in Block 11 or Block 12 if changed, or on an attachment SIGNATURE:

Lake Placid Motorcar, Inc. Licensee Fax 863 402 1819 2920 Alternate 27 South Sebrion FL 33870 2920 Alternate 27 South Sebring, FL 33870

Debra Keesee Graves President/Owner

