2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 1. Entity Name GENERIC AUTO SALES, INC.

Principal Place of Business

STREET ADDRESS

changed, or on an attachment with

CITY-ST-ZIP

P96000046692

Mailing Address



11022774 14290 N. CLEVELAND AVENUE 14290 N. CLEVELAND AVENUE N. FORT MYERS FL 33903 N. FORT MYERS FL 33903 2. Principal Place of Business 3. Mailing Address 815 JULY CIRCLE 815 JULY CIRCLE Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-0666894 N. FORT MYERS, N. FORT MYERS. Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 33903 33903 USA USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MCGARTHY; KEVIN-S; MCCARTHY, KEVIN'S Street Address (P.O. Box Number is Not Acceptable) 8 1 5 JULY CIRCLE 14290 N CLEVELAND AV E N. FORT MYERS FL 33903 FORT MYERS 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. I am familiar with, and accept the obligations of registered agent KEVIN S. MCCARTHY, PRESIDENT 04/24/03 SIGNATURE Signature, typed or printed name of registered agent and title (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. DPST 🔍 X🔯 Change ☐ Addition TITLE ☐ Delete TITLE MCCARTHY, KEVIN S MCCARTHY, KEVIN S. NAME NAME 815 JULY CIR STREET ADDRESS STREET ADDRESS 127 DOW LANE FORT MYERS FL 33903-5283 CITY-ST-ZIP CITY-ST-ZIP N. FORT MYERS, FL 33917 TITLE Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDR CITY-ST-7IP CITY-ST-7IP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change. Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME

Apr 28, 2003 8:00 am Secretary of State

04-28-2003 90995 026 ***150.00

Daytime Phone #

STREET ADDRESS

KEVINES MCCARTHY, PRES.

CITY-ST-ZIP

12. Thereby 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 empty werend to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

with all other like empowered.

4/24/03

Date

(239) 995–3846