2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 08, 2000 8:00 am DOCUMENT # P96000065685 1. Entity Name Secretary of State DISCOUNT AUTO, INC. 05-08-2000 90140 037 ***150.00 Mailing Address Principal Place of Business 156 N. FLORIDA AVENUE 156 N. FLORIDA AVENUE INVERNESS FL 34453-1607 INVERNESS FL 34453 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number City & State 59-3419346 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KOVACH, MICHAEL T Street Address (P.O. Box Number is Not Acceptable) 203 COURTHOUSE SQUARE INVERNESS FL 34450 Zip Code 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 11. OFFICERS AND DIRECTORS president Change ☐ Addition Delete TITLE HARWELL, RICHARD L NAME NAME Hillsette Ln-11224 S TURNER AVENUE STREET ADDRESS 5)nE STREET ADDRESS FLORAL CITY FL 34436 CITY-ST-ZIP Inverness CITY-ST-7IP WILL President, SEL. DVPS Delete trace R Flatcher KNIPP, LILLIAN A NAME ******** NAME YSIDE Holls LALE LA. STREET ADDRESS 11224 S TURNER AVENUE STREET ADDRESS Inverness Fl. 34452 CITY-ST-ZIP CITY-ST-ZIP FLORAL CITY FL 34436 Change Change ☐ Addition Delete TITLE KNIPP, JANET NAME NAME 11280 S TURNER AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FLORAL CITY FL 34436 CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 allother like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

P Fletcher 4-26-00 352-344-2828