2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # P96000090373 Feb 23, 2000 8:00 am **Secretary of State** EDDIE ACCARDI JEEP-CHRYSLER-PLYMOUTH-DODGE, INC. 02-23-2000 90020 043 ***150.00 Principal Place of Business Mailing Address 4224 HWY 441 SOUTH 855 S. FEDERAL HWY POMPANO BEACH FL 33062-6748 OKEECHOBEE FL 34974 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0725544 Not Applicable **\$8.75** Additional Zip Country 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 CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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 11. ☐ Addition Delete TITLE TITLE NAME NAME ACCARDI, EDDIE STREET ADDRESS STREET ADD 942-South Federal Highway CITY-ST-ZIP CITY-ST-Zil POMPANO BEACH FL 33062 Addition Change TITLE □ Delete TITLE NAME HOERSTING, PAUL NAME STREET ADDRESS STREET ADD 943-60uth Federal Highway CITY-ST-ZIP POMPANO BEACH FL 33062 Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP does not qually for the exemption state on Section 119.07(3)(i), Florida Statutes. I further certify that the information eccurate of d that my signature shall have the same legal effect as if made under oath; that I am an officer or director execute his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information supplied with this filing indicated on this report or supplemental report is the and of the corporation or the receive or trustee empowered changed, or on an attachment with the address, with month