

DOCUMENT # P97000017740

1. Entity Name  
DEALS ON WHEELS AUTO SALES INC.

Principal Place of Business  
6972 BLANDING BLVD  
JACKSONVILLE FL 32210  
US

Mailing Address  
6972 BLANDING BLVD  
JACKSONVILLE FL 32210  
US

2. Principal Place of Business  
6972 Blanding Blvd.  
Suite, Apt. #, etc.

3. Mailing Address  
6972 Blanding Blvd.  
Suite, Apt. #, etc.

City & State  
Jacksonville, Florida

City & State  
Jacksonville, Florida

Zip  
32244

Country  
U.S.A.

Zip  
32244

Country  
U.S.A.

6. Name and Address of Current Registered Agent  
WILLIAMS, MARY B  
2954 BEAVER ST  
MIDDLEBURG FL 32068

4. FEI Number 59-3434524

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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 Mary B Williams, Corp. Sec / Treas. DATE 1-4-01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WILLIAMS, MARY B		NAME		
STREET ADDRESS	2954 BEAVER STREET		STREET ADDRESS		
CITY-ST-ZIP	MIDDLEBURG FL 32068		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WARD, BOB V		NAME		
STREET ADDRESS	5316 JACARANDA AVENUE		STREET ADDRESS		
CITY-ST-ZIP	MIDDLEBURG FL 32068		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WARD, LINDA K		NAME		
STREET ADDRESS	5316 JACARANDA AVENUE		STREET ADDRESS		
CITY-ST-ZIP	MIDDLEBURG FL 32068		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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: Mary B Williams Mary B. Williams DATE 1-4-01 DAYTIME PHONE # 904-772-6005  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR