CHANGE TO

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 JUL 31 AM 11:20

DOCUMENT # P97000028576

1. Entity Name

Preferred Car Sales, Inc.

Principal Place of Business / Mailing Address

34639 US HWY 19 North, Ste. B
Clearwater, Florida 34623

2. Principal Place of Business	3. Mailing Address
P.O. Box 5812	P.O. Box 5812
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Clearwater, Fl	City & State: Clearwater, Fl.
Zip: 33758-5812 Country: USA	Zip: 33758-5812 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 593432277 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

Louis Bakkalapulo, P.A.
111 North Belcher Road, Ste. 201
Clearwater, Florida 33765

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 ____________________ DATE
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) ☐

[illegible]

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

11. OFFICERS AND DIRECTORS X

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President/Secretary Director/ Joseph Kokolakis 24639 US HWY 19 North Clearwter, Florida 34623 X Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President/Treasurer Director Michael Kokolakis 34639 US HWY 19 North Clearwater, Florida 34623 X Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President/Vice President Secretary/Treasurer Michael Kastrenakes PO Box 5812 Clearwater, Fl. 33758-5812 ☐ Change X Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 900004533929--9 -08/14/01--01048--032 *****61.25 *****61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (11/00)

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: [signature] Pres. 7/30/01 7274231913
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

Michael Kastrenakes, Pres.