Daytime Phone #

2000 UNIFORM BUSINESS REPORT (ଓ BR) DOCUMENT # P97000049652 FILED SECRETARY OF STATE DIVISION OF CORPORATIONS LOW DOLLAR CARS, INC. 00 JUL 13 PM 12: 44 Mailing Address Principal Place of Business 3502 OLD WINTER GARDEN ROAD OLD WINTER GARDEN ROAD ORLANDO FL 32805-1071 CC FL 32805 `<u>``</u> 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3452136 Not Applicable \$8.75 Additional Country Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WALTERS, VICTOR E Street Address (P.O. Box Number is Not Acceptable) 334 VENTURA AVENUE ORLANDO FL 32805 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. 300003326893----07/18/00---01078---022 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent aignature required when reinstating) ****1501。(10) 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. Atter MAY 1, 2000 Fee will be \$550.00 \Box Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12, 11. 66/6) TITLE ☐ Change ☐ Addition ☐ Delete TITLE WALTERS, VICTOR E NAME NAME CR2E034 334 VENTURA AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32805 CITY-ST-ZIP Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change Addition TITLE TIT! F ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY: ST: ZIP Change Addition ☐ Dalete TITLE TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIF ☐ Change \ ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7tP CITY-SI-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. changed, or on an attachment with CCF-28-00

July 06,00' Attention andy Dunlap: Gusta reminder I filed this report and overnighted it to you in a timely manner. Later I received a notice stating it was not filed because of payment. Since il did not have another 1500 to send to you, you agreed to wait for a response for the postal service. Enclosed you will find a copy of the receipt for the first money order copy of express mail receipt, and Copies of the return letter uf new money order: Thank you for your time, fatience, and

understanding.

Edith L. January.

Low Dollan Care, She