2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 30, 2001 08:00 AM DOCUMENT # **P9700061317** Entity Name **Secretary of State** BRANDON CAR & TRUCK CENTER, INC. Principal Place of Business Mailing Address 9001 ADAMO DR. 9001 ADAMO DR. TAMPA FL TAMPA FL33619 33619 2. Principal Place of Business 3. Mailing Address 9207 GALL BLVD 9207 GALL BLVD Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For ZEPHYRHILLS FL ZEPHYRHILLS 59-3456769 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ADAMS STEPHEN ADAMS 15604 CHESWICK COURT Street Address (P.O. Box Number is Not Acceptable) 3326 STONE BRIDGE TRAIL TAMPA FL33647 US City Zip Code VAL RICO 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. 04/30/2001 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE X Delete CR2E034 (11/00) TITLE ☐ Addition MAME ADAMS JAMES LJR. NAME 15604 CHESWICK CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA FL 33647 CITY-ST-ZIP ☐ Delete D TITLE X Change ☐ Addition NAME ADAMS STEPHEN NAME ADAMS STEPHEN STREET ADDRESS 15604 CHESWICK CT STREET ADDRESS 3326 STONE BRIDGE TRAIL CITY-ST-ZIP TAMPA FL. 33647 CITY-ST-ZIP VAL RICO FL33594 Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition 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.

04/30/2001

Daytime Phone #

Date

SIGNATURE: STEPHEN R. ADAMS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR