2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 18, 2000 8:00 am Secretary of State DOCUMENT # P97000067981 DIAMOND MOTORS OF FT. MYERS, INC. 04-18-2000 90219 041 ***150.00 Mailing Address Principal Place of Business 1132-C PONDELLA ROAD 1132-C PONDELLA ROAD N. FORT MYERS FL 33903-5135 N. FORT MYERS FL 33903 2. Principal Place of Business 3. Mailing Address PondellA Curch Circle Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Applied For City & State 4. FEI Number 65-0771336 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7.-Name and Address of New Registered Agent-6. Name and Address of Current Registered Agent Name DEROUEN, SHELLY A Street Address (P.O. Box Number is Not Acceptable) 1953 COLONIAL BLVD, FT. MYERS FL 33907 Zip Code 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 DATE Signature, typed or printed name of registered agent and title if applicable. (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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Addition PTD TITLE ☐ Change ☐ Delete TITLE DIETRICH, THOMAS H NAME NAME STREET ADDRESS 1132-C PONDELLA ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP N. FORT MYERS FL 33903 ☐ Change Addition TITLE TITLE MORGAN, HENRY A NAME NAME STREET ADDRESS 1132-C PONDELLA ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP N. FORT MYERS FL 33903 Change Addition Delete TITLE · TITI F NAME NAMÉ STREET ADDRESS STREET ADDRESS DITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Change ☐ Addition ☐ Delete TITLE TITLE 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 coalify 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 appears, with all other like empowered.