2001 UNIFORM BUSINESS REPORT (UBR)

Apr 19, 2001 8:00 am Secretary of State DOCUMENT # P97000074345 1. Entity Name CLASSIC & MUSCLE CAR SUPERSTORES, INC. 04-19-2001 90033 049 ***150.00 Mailing Address Principal Place of Business 4060 SNOWY EGRET DRIVE 1480 S. BABCOCK ST. WEST MELBOURNE FL 32904 MELBOURNE FL 32901 US US 3. Mailing Address 2. Principal Place of Business P.O. Box 033668 2735 CENTER PULCE DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. frite 105 Applied For City & State City & State 4. FEI Number 59-3464850 Not Applicable INDIALANTIC MEZBOINE Country \$8.75 Additional Country Zip Zip 5. Certificate of Status Desired 32940 **GNAU3116** 32903 Fee Required Brevard 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name I-AGAP RUARID A. Street Address (P.O. Box Number is Not Acceptable) HAGAN, RICHARD A 4060 SNOWY EGRET DR 2260 S. FRONT STREET **WEST MELBOURNE FL 32904** UNIT 286 Zip Code MELBOURNE 32901 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. OFFICERS AND DIRECTORS SR2E034 (10/00) President ✓ Change ☐ Addition (P) ☐ Delete TITLE TITLE HUND LLINDOA HACH, RIVARIO A. HAGAN, RICHARD A NAME NAME 4060 SNOWY EGRET DR STREET ADDRESS 2260 S. FRONT ST. UNIT 206 STREET ADDRESS MERBARNE FC 32901 CITY-ST-ZIP WEST MELBOURNE FL 32904 CITY-ST-ZIP ☐ Addition Change M Delete TITLE HAGAN, MICHELLE D NAME NAME STREET ADDRESS 4060 SNOWY EGRET DR STREET ADDRESS CITY-ST-ZIP WEST MELBOURNE FL 32904 CITY-ST-ZIP Addition Change TITLE ☐ Delete TITLE NAME NAME. STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE Channe ☐ Addition ☐ Delete

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.

STREET ADDRESS CITY-ST-ZIP

NAME

SIGNATURE: A

TITI E

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR