2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 15, 2000 8:00 am Secretary of State DOCUMENT # P97000089426 1. Entity Name DEFENSIVE DRIVING INSTITUTE OF FLORIDA, INC. 03-15-2000 90086 002 ***150.00 Mailing Address Principal Place of Business 2880 WEST OAKLAND PARK BLVD. 2880 WEST OAKLAND PARK BLVD. SUITE 108 FT. LAUDERDALE FL 33311 FT. LAUDERDALE FL 33311-1362 3. Malling 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 65-0788864 Not Applicable Zip Country Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HALL, SONIA Street Address (P.O. Box Number is Not Acceptable) 2880 WEST OAKLAND PARK BLVD. SUITE 108 FT. LAUDERDALE FL 33311 Zip Code F 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. e, 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, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition TITLE D Delete HALL, SONIA NAME NAME 2880 WEST OAKLAND PARK BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33311 ☐ Addition D Change TITLE ☐ Delete HARDGE, PHYLLIS NAME NAME 2880 WEST OAKLAND PARK BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP FT. LAUDERDALE FL 33311 ☐ Change TAddition TITLE ☐ Delete TITLE HARDGE, DONALD NAME NAME STREET ADDRESS 2880 W OAKLAND PRK BVLD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33311 Change ☐ Addition TITLE ☐ Delete TITLE HALL, MATHEW NAME 2880 W OAKLAND PRK BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33311 ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIF Change ☐ Addition ☐ Dejete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C Speed

Date Dayline Priore #