2002 UNIFORM BUSINESS REPORT (UBR) FILED May 12, 2002 8:00 am Secretary of State **DOCUMENT #** P98000030745 1. Entity Name AUTO GROUP OF AMERICA, INC. 05-12-2002 90548 019 ***150.00 Principal Place of Business Mailing Address 2816 SW 19TH COURT 2816 SW 19TH COURT OCALA FL 34474 OCALA FL 34474 Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3503067 Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MERRILL, BRYAN 2816 SW 19TH COURT OCALA FL 34474 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. ٤ SIGNATUR This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DP 👿. Delete TITLE CR2E034 (9/01) NAME ☐ Addition MERRILL, BRYAN NAME STREET ADDRESS 2816 SW 19TH COURT STREET ADDRESS CITY-ST-ZIP OCALA FL 34474 CITY-ST-ZIP TITLE ☐ Delete TITLE Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change NAME Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME Change Addition NAME STREET ADDRESS STREET ADDRESS

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 changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

TITLE

NAME

Delete

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DIRECT