2001 UNIFORM BUSINESS REPORT (UBR)

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TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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of the corporation or the changed, or on an attac

FILED Apr 26, 2001 8:00 am Secretary of State DOCUMENT # P98000087570 AFFORDABLE MOTOR CORPORATION USA 04-26-2001 90140 035 ***150 00 Mailing Address Principal Place of Business 3593 PALMETTO AVE 3593 PALMETTO AVE FT MYERS FL 33916 FT MYERS FL 33916 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suito, Apt. #, etc. Applied For City & State 4. FEI Number 65-0869587 City & State Not Applicable Country \$8.75 Additional Zip Zio Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DEROUEN, SHELLY A Street Address (P.O. Box Number is Not Acceptable) 1953 COLONIAL BLVD FT MYERS FL 33907 Zip Code City 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 \$169.00 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 (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. OFFICERS AND DIRECTORS Addition PTD ☐ Channe ☐ Delete TITLE TITLE WHITAKER, CHRIS NAME NAME 3593 PALMETTO AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT MYERS FL 33916 C:TY-ST-ZIP Addition ☐ Change VSD TITLE ☐ Delete TITLE DEALMEDIA, MIKE NAME NAME 3593 PALMETTO AVE STREET ADDRESS STREET ADDRESS CITY-Si-ZIP FT MYERS FL 33916 CiTY-ST-7IP ☐ Addition Change TITLE ☐ Delete TURSE NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-S1-ZIP ☐ Change ☐ Addition Delete THILE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-712 Adoltion | ☐ Chance Delete TOTALE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY_ST-71P mation 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 upplies ental 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 serve or trustee empoyable to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the ipformation indicated on this report or supples