2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P98000089836** Apr 12, 2000 8:00 am Secretary of State AFFORDABLE DEALER SERVICES, INC. 04-12-2000 90069 021 ***150.00 Mailing Address Principal Place of Business 3031 NE 12TH TERRACE 3031 NE 12TH TERRACE OAKLAND PARK FL 33334-4402 OAKLAND PARK FL 33334 2. Principal Place of Business 3. Mailing Address Two Prestige Place Two Prestige Place DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 185 2650 McCormick Drive 2650 McCormick Drive, Suite Applied For Clearwater, FL City & State 4. FEI Number 65-0870484 Not Applicable Clearwater, FL Country \$8.75 Additional Country 5. Certificate of Status Desired 33759 U.S.A. Fee Required 33759 U.S.A. 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent <u>Derri Davisson</u> PAVSNER, DAVID L Street Address (P.O. Box Number is Not Acceptable) 3031 NE 12TH TERRACE 2650 McCormick Drive, Suite 185 OAKLAND PARK FL 33334 Zip Code 33759 Clearwater 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 (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 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. President/Director X Addition ☐ Change TITLE X Delete TITLE LAZARO, SPIRO NAME Derri Davisson NAME STREET ADDRESS STREET ADDRESS 3031 NE 12TH TERRACE 2650 McCormick Drive, Suite 185 CITY-ST-ZIP Clearwater, FL 33759 OAKLAND PARK FL 33334 CITY-ST-ZIP Defete TITLE Secretary/Treasurer/Director □ Change TITLE NAME NAME J. Stephen Miller STREET ADDRESS STREET ADDRESS 2650 McCormick Drive, Suite 185 CITY-ST-ZIP CITY-ST-ZIP Clearwater, FL 33759 □ Change Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE 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 of the corporation or the receiver or distered 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

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

727-791-6510 X19

Daytime Phone #