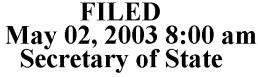
## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) P99000000862 **DOCUMENT #** 1. Entity Name SOUTH ORLANDO IMPORTS, INC.



| FILED                           |  |  |  |  |  |  |  |  |  |
|---------------------------------|--|--|--|--|--|--|--|--|--|
| May 02, 2003 8:00 am            |  |  |  |  |  |  |  |  |  |
| Secretary of State              |  |  |  |  |  |  |  |  |  |
| 05.02.2002.00262.044.***1.50.00 |  |  |  |  |  |  |  |  |  |

|   | ,  |   |                     |   |      |           |   |  |                           |                                  |   |  |
|---|--|---|---------------------|---|------|-----------|---|--|---------------------------|----------------------------------|---|--|
| Principal Place of Business<br>301 S. ORLANDO AVE., STE. 200<br>MAITLAND FL 32751   |  | Mailing Address<br>PO BOX 1720<br>WINTER PARK FL 32790-1720 |                     |   |      |           |   |  | 1 60:::1 88:L1 <b>8</b> 1 | 11 <b>0010</b> 1 18410           | <b>8</b>  14 <b>9</b>   1481  1 <b>48</b> |  |
|   |  |   |                     |   |      |           |   |  |                           |                                  |   |  |
| 2. Principal Place of Business  |  |   | 3. Mailing Address  |   |      |           |   | 1 10011000 110 10110 11111 00111 0011                | <b>14</b>                 |                                  | 1110 1191 1841                            |  |
| Suite, Apt. #, etc.   |  |   | Suite, Apt. #, etc. |   |      |           | CHECK HERE IF MAKING CHANGES                |  |                           |                                  |   |  |
| City & State  |  |   | City & State        |   |      |           | <b>4.</b> F                                 | 59-3551196   |                           | <del>- 1 -</del>                 | pplied For<br>ot Applicable               |  |
| Zip   | Country  | Zip Coun  |                     |   | try  |           |   |  |                           | 88.75 Additional<br>see Required |   |  |
|   | 6. Name and Address of Current I   | ed Agent  |                     |   |      |           | 7. Name and Address of New Registered Agent |  |                           |                                  |   |  |
| BODINGOLL DIGILIADS   |  |   |                     |   | Name |           |   |  |                           |                                  |   |  |
|   | n, richard<br>Ne St., Ste. 1200  |   | Street Add          |   |      | lress (P. | (P.O. Box Number is Not Acceptable)         |  |                           |                                  |   |  |
|   | ) FL 32801   |   | ŕ                   |   |      |           |   |  |                           |                                  |   |  |
|   |  |   |                     |   | City |           |   |  | FL                        | Zip Cod                          | е   |  |
| 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. I am familiar with, and accept the obligations of registered agent. |  |   |                     |   |      |           |   |  |                           |                                  |   |  |
| SIGNATURE   |  |   |                     |   |      |           |   |  |                           |                                  |   |  |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE   |  |   |                     |   |      |           |   |  |                           |                                  |   |  |
| FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  |  |   |                     |   |      |           | :   | 9. Election Campaign Fina<br>Trust Fund Contribution | ~ ~                       |                                  | May Be<br>I to Fees                       |  |
| 10.*  | OFFICERS AND I   | DIRECTO   | ECTORS 11.          |   |      |           | ĀDI   | DITIONS/CHANGES TO OFFI                              | CERS AND I                | DIRECTORS                        | 3 IN 11                                   |  |
| TITLE* NAME STREET ADDRESS CITY-ST-ZIP  | DPS: ::<br>HOLLER, ROGER W JR<br>301 S.*ORLANDO AVE., STE. 200<br>MAITLAND FL 32751  |   | ☐ Delete            |   | 1    |           |   |  |                           | ☐ Change                         | Addition                                  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | DV<br>HOLLER, ROGER W III<br>301 S. ORLANDO AVE., STE. 200<br>MAITLAND FL 32751      |   | ☐ Delete            |   |      |           |   |  |                           | Change                           | Addition                                  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | DV<br>HOLLER, CHRISTOPHER A<br>301 S. ORLANDO AVE., STE. 200<br>MAITLAND FL 32751    |   | □ Delete            |   |      |           |   |  | ı                         | Change                           | Addition                                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | DVT<br>HOLLER-ROGERS, JULIETTE<br>301 S. ORLANDO AVE., STE. 200<br>MAITLAND FL 32751 |   | Delete              | ľ |      |           | _   |  |                           | _ Change                         | Addition                                  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  |   | □ Delete            |   | ſ    |           |   |  |                           | Change                           | Addition                                  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  |   | ☐ Delete            | i |      |           |   |  | (                         | ☐ Change                         | Addition                                  |  |

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other title simpswered.

SIGNATURE: C