2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State
05-14-2001 90212 043 ***150.00

DOCUMENT # P99000025581

1. Entity Name
DOUBLE S AUTO RANCH, INC.

Principal Place of Business	Mailing Address
15400 OLD OLGA ROAD	15400 OLD OLGA ROAD
ALVA, FL 33920	ALVA, FL 33920

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
147 S. Monroe Street	15371 Old Olga Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Arcadia, FL	City & State: Alva, FL
Zip: 34266 Country: DeSoto	Zip: 33920 Country: Lee

4. FEI Number: 65-0907580 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALLAN T. GRIFFITH
2100 McGregor Boulevard
FORT MYERS, FL 33901

7. Name and Address of New Registered Agent

Name: J. HARDY SILCOX, JR.,
Street Address (P.O. Box Number is Not Acceptable): 4182 Skates Circle
City: Fort Myers, FL Zip Code: 33905

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: [signature] J. HARDY SILCOX, JR., Reg. Agent & President DATE: 4/24/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D Allan T. Griffith 2100 McGregor Boulevard ~~Fort Myers, FL 33901~~ ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/S/T/D J. Hardy Silcox, Jr. 4182 Skates Circl ~~Fort Myers, FL 33905~~ ☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (11/00)

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 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] President & Director Date: 4/24/01 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR