2000 UNIFORM BUSINESS REPORT (UBR)

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

MACCA DEPRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED May 16, 2000 8:00 am Secretary of State DOCUMENT # P99000037863 AUTO MAX DEPOT, INC. 05-16-2000 90171 039 ***150.00 Principal Place of Business Mailing Address 1437 US HIGHWAY 19 NORTH 1437 US HIGHWAY 19 NORTH HOLIDAY FL 34691 HOLIDAY FL 34652-6257 3. Malling Address 3606 2. Principal Place of Business 3606 U.S. 19 N 19 N. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number 3571495 Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ScHCIVE SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 5016 Ensign 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 of registered agent and title if applicable (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 Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Ø (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PSD PSD Change ☐ Addition TITLE ☐ Delete chriver, lebecca J. SCHRIVER, REBECCA J NAME NAME STREET ADDRESS New Port Richam, Fl. 34652 STREET ADDRESS 1437 US HIGHWAY 19 NORTH CITY-ST-ZIP CITY-ST-ZIP HOLIDAY FL 34691 VID Addition ☐ Change TITLE Delete TITLE michael W. Schriles DURHAM, JAMES W NAME Soils Ensign Loop New Port Richay 1437 US HIGHWAY 19 NORTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOLIDAY FL 34691 ☐ Delete TITLE ~ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-2IP ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

Repecca J. Schrie