2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Apr 24, 2001 8:00 am Secretary of State **DOCUMENT # P99000097684** 1. Entity Name THE CAR MAN AUTO SALES INC. 04-24-2001 90321 008 ***165.00 Principal Place of Business Mailing Address 129 HARNEY STREET 129 HARNEY STREET DAYTONA FL 32114 DAYTONA FL 32114 3. Mailing Address 129 Harney St 2. Principal Place of Business 837 Mason Hue DO NOT WRITE IN THIS SPACE City & State itv & State 4. FEI Number Applied For 9-360 9160 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 3211 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent AURICE BARTLEY, STACY Street Address (P.O. Box Number is Not Acceptable) 129 HARNEY STREET arney Street DAYTONA FL 32114 nt for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named 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 Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. K. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS LAYRICE BARTLES 129 HarneySt Dayton Be ly F/32114 CR2E034 (10/00) TITLE TIT! E ✓ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Agent Barrey St Contonnbut 1324 TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ■ Addition TITLE NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE THLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition TITLE TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS C1TY-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 receive of trusted expowered 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 like empowered.

GNING OFFICER OR DIRECTOR