2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachmen with an address, with all other like empowered

SIGNATURE:

FILED DOCUMENT # P99000100644 Mar 02, 2000 8:00 am **Secretary of State** ENCORE CARS, INC. 03-02-2000 90095 027 ***150.00 Principal Place of Business Mailing Address 4471 CAMDEN RD. 4471 CAMDEN RD. TALLAHASSEE FL 32303-7223 TALLAHASSEE FL 32303 2. Principal Place of Business 3. Mailing Address 7531 W. TENN ST Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 8697 Not Applicable TAllahassee Country Country \$8.75 Additional 5. Certificate of Status Desired Leon Fee Required 3230Y 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent -Name MCDONALD, RAY D JR Street Address (P.O. Box Number is Not Acceptable) 4471 CAMDEN RD. TALLAHASSEE FL 32303 Zip Code FL 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, typed or printed name of registered agent and title if applicable DATE (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 (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Change Addition TITLE ☐ Delete TITLE RAY D. McDonald JA NAME NAME STREET ADDRESS 4471 comden Rd STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TAllahassee FI 32303 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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

McDonald In 2/24/00