2000 UNIFORM BUSINESS REPORT (UBR)

P00000109917

FILED Sep 13, 2000 8:00 am Secretary of State

09-13-2000 90053 004 ***550.00

1. Entity Name SPECIALTY CARS OF DAYTONA BEACH INC.				
Principal Place of Business	Mailing Address	<u></u>		
4610 RIDGEWOOD AVENUE PORT ORANGE FL 32127	4610 RIDGEWOOD AVENUE PORT ORANGE FL 32127			

2. Principal Place of Business Suite, Apt. #, etc.		3. Ma	3. Mailing Address Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
		Su							
City & State		Cit	City & State		4. F	El Number 59-36	14068	/	lied For Applicable
Zip	` Country	Zip		Country	5. (Certificate of Status Desired		8.75 Additi ee Required	onal
	6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
-	Company of the control of the contro				Name				
LUFCY, RICHARD 4610 RIDGEWOOD AVENUE PORT ORANGE FL 32127 8. The above named entity submits this statement for the purpose of changing its regist			Street Address (P.O. Box Number is Not Acceptable)						
			City						
SIGNATURE .						1			
	Signature, typed or printed name of registers	od agent and title if ap	pplicable. (NOTE: Re	egistered Agent signature	required when re	instating)	DATE		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! F After SEPTEMBER 13, 20 Make Check Payable to			2000 Min. will b	e \$750.00	10. Election Campaign Fit Trust Fund Contributio		\$5.00 Added t	May Be o Fees	
11. OFFICERS AND DIRECTORS 12			12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUFCY, RICHARD 4610 RIDGEWOOD AVENU PORT ORANGE FL 32127	JE	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	☐ Addition
TIT! E	l D		☐ Dojete	TITLE				Change	☐ Addition

ST Cľ TITLE **BOUDREAU, RICHARD** NAME NAME 119 HARRISON RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DAYTONA BEACH FL 32118 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete 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 changed, or on an attachment with an address, with all other like empowered.