2001 UNIFORM BUSINESS REPORT (UBR)

May 15, 2001 8:00 am Secretary of State **DOCUMENT # \$22000** BECK NISSAN DAEWOO, INC. 05-15-2001 90136 040 ***158.75 Principal Place of Business Mailing Address 252 HIGHWAY 17 NORTH 252 HIGHWAY 17 NORTH or unnuggg PALATKA FL 32177 PALATKA FL 32177 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-3041645 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Pee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PICKENS, JOE H. Street Address (P.O. Box Number is Not Acceptable) 222 NORTH 3RD STREET PALATKA FL 32177 Zip Code City 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. (NOTE: Registered Agent signature required when reinstating) DATE 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. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition ☐ Delete TITLE BECK, CARL C JR. NAME NAME 252 HIGHWAY 17 NORTH STREET ADDRESS STREET ADDRESS PALATKA FL 32177 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE **BRADLEY, SLOAN** NAME NAME 129 WALTON RD. STREET ADDRESS STREET ADDRESS CITY-ST-7IP EAST PALATKA FL 32131 CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE SLOAN, PRESTON B. SLOAN, Preston B NAME NAME 260-1-FAIRMAY-Drive -1601, EDGEMOOR ST. STREET ADDRES STREET-ADDRESS PALATKA FL 32177 CITY-ST-ZIP PAIAHLA,FL 32177 CITY-ST-ZIP [Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 an empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/01

(904) 329-8863

Daytime Phone #