2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S32120

1. Entity Name

SWISSCO INC. AUTOSALES CLASSIC AND SPORTSCARS

FILED

00 MAY 24 AM 9:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1700 GULF-TO-BAY BLVD CLEARWATER FL 34615	1700 GULF-TO-BAY BLVD CLEARWATER FL 34615 US

DO NOT WRITE IN THIS SPACE

5/24/00 90186/001 $300.00

2. Principal Place of Business	3. Mailing Address
11788 66th St. N.	Same
Suite, Apt. #, etc.: E	Suite, Apt. #, etc.
City & State: LARGO	City & State
Zip: FL 33773 Country: PINELLAS	Zip Country

4. FEI Number 59-3057985 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HONNEGGER, ARTHUR 11310 REGAL LANE LARGO FL 34644	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State.

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HONEGGER, ARTHUR 12433 66TH ST N LARGO FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addit.
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HONNEGGER, ARTHUR 12433 66TH ST N LARGO FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST HONEGGER-SCHAERER, MARLIS 12433 66TH ST N LARGO FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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.*

SIGNATURE: T. Honegger M. Honegger 4-26-00 727/768-0225

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

6/06