2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

May 05, 2003 8:00 am Secretary of State S32120 DOCUMENT # 05-05-2003 90245 029 ***150.00 1. Entity Name SWISSCO INC. AUTOSALES CLASSIC AND SPORTSCARS Principal Place of Business Mailing Address 11788 66TH ST. N. 11788 66TH ST. N. SUITE E SUITE E LARGO FL 33773 LARGO FL 33773 3. Mailing Address 2. Principal Place of Business 91st. Str. N. 13151 A 91St Str. 13151 A Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES 806 H City & State LA260 Applied For 4, FEI Number 59-3057985 Not Applicable \$8.75 Additional 5. Certificate of Status Desired U-S4 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HONNEGGER, ARTHUR Street Address (P.O. Box Number is Not Acceptable) 11310 REGAL LANE 'LARGO FL 34644 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Addition HONEGGER, ARTHUR NAME NAME 13151 A 9114 VA. N., 806 A 12433-66TH ST N STREET ADDRESS STREET ADDRESS LARGO FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition HONNEGGER, ARTHUR NAME NAME 13151 A 91st. Sty-N., 806 A STREET ADDRESS 12433 66TH ST N STREET ADDRESS LARGO FL CITY-ST-ZIP CITY-ST-ZIP ST - - - -TITLE ☐ Delete TITLE Change [] Addition NAME HONEGGER-SCHAERER, MARLIS NAME 914 SA.N., POGA STREET ADDRESS 12433 66TH ST N STREET ADDRESS LARGO, FL. 33773 LARGO FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address

19-03 111-168-0085

FILED