2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State
04-26-2001 90325 046 ***150.00

DOCUMENT # S75438

1. Entity Name
EXCEL AUTO GROUP, INC.

Principal Place of Business	Mailing Address
~~3000 INDEPENDENT SQUARE~~ ~~JACKSONVILLE FL 32202~~	~~3000 INDEPENDENT SQUARE~~ ~~JACKSONVILLE FL 32202~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
50 North Laura Street	P. O. Box 4099
Suite, Apt. #, etc.: Suite 3300	Suite, Apt. #, etc.:
City & State: Jacksonville, FL	City & State: Jacksonville, FL
Zip: 32202 Country: US	Zip: 32201 Country: US

4. FEI Number: ~~59-~~3083611 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

~~MILTON, JOHN D~~
~~ONE INDEPENDENCE DR STE 3000~~
~~JACKSONVILLE FL 32202~~

7. Name and Address of New Registered Agent

Name: RAX CO., a Florida corporation
Street Address (P.O. Box Number is Not Acceptable): c/o Barbara C. Johnston
50 North Laura Street, Suite 3300
City: Jacksonville FL Zip Code: 32202

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] Barbara C. Johnston, VP 02/05/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

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, 2001 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	PTD FUSILLO, PAUL F 440 S. HARBOR CITY BLVD. MELBOURNE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V FUSILLO, PAUL F JR 440 S. HARBOR CITY BLVD. MELBOURNE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S FUSILLO, DULCIE ANN 440 S. HARBOR CITY BLVD MELBOURNE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V FUSILLO, STEPHEN R 440 S. HARBOR CITY BLVD MELBOURNE FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS HUNTER, CAROLYN S 440 S HARBOR CITY BLVD MELBOURNE FL 32901	☐ 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

CR2E034 (10/00)

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: [signature] Paul F. Fusillo 4-11-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #