2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # V66200 Apr 26, 2000 8:00 am Secretary of State 1. Entity Name LITTLE WHEELS GOLF CARTS, INC. 04-26-2000 90141 023 ***150.00 Principal Place of Business Mailing Address 3543 MORRIS BRIDGE ROAD 3543 MORIS BRIDGE ROAD ZEPHYRHILLS FL 33543-5029 ZEPHYRHILLS FL 33543 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3156289 Not Applicable Country \$8.75 Additional Zip Country Zip Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MURPHY, DAVID J. Street Address (P.O. Box Number is Not Acceptable) 103 NORTH 3RD ST. DADE CITY FL 33525 Zip Code 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 . (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (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 TITLE GILLIAM, LINDA NAME NAME STREET ADDRESS 38525 2ND AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ZEPHYRHILLS FL ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE ☐ Oelete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

Sanda Libliam Linda L. Gilliam Signature and typed of Printed Name of Signing Officer or Director

64-18-00

813-788-6492

Daytime Phone #