## 2001 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 26, 2001 8:00 am **DOCUMENT # K00098** Secretary of State FLORIDA AUTOMOTIVE RESTYLING, INC. 03-26-2001 90026 006 \*\*\*150.00 Principal Place of Business Mailing Address 34 INDUSTRIAL LOOP 34 INDUSTRIAL LOOP SUITE 202 SUITE 202 LUU3/433 ORANGE PARK FL 32073 ORANGE PARK FL 32073 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2868449 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RISDON, CHARLES R III Street Address (P.O. Box Number is Not Acceptable) **800 SEAGATE DRIVE DELRAY BEACH FL 33483** City 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, 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. 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 11. TITLE ☐ Addition TITI F ☐ Delete NAME NAME RISDON, CHARLES R III STREET ADDRESS STREET ADDRESS **800 SEAGATE DRIVE** CITY-ST-ZIP CITY-ST-ZIP DELRAY BEACH FL 33483 ☐ Delete ☐ Addition TITLE TITLE RISDON, KEILY 34 INDUSTRING LOOP # 202 NAME NAME RISDON, KELLY STREET ADDRESS STREET ADDRESS **800 SEAGATE DRIVE** CITY-ST-ZIE ÖRANGE PARK, FL. 32073 CITY-ST-ZIP DELRAY BEACH FL 33483 Change Addition TITLE Delete TITLE ORAIG-RISDON-NAME CRAIG- RISDON NAME ---34 INDUSTRIAL LOOP # 202 34 INDUSTRIBL LOOP #202 STREET ADDRESS STREET ADDRESS ORANGE PARK, FL 32073 CITY-ST-ZIP CITY-ST-ZIP OLANCE PARK, FL. 32073 ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 in changed, or on an attachment with an address, with all other like empowered.

OFFICER OR DIRECTOR