## 2003 FOR PROFIT CORPORATION

## UNIFORM BUSINESS REPORT (UBR

34 INDUSTRIAL LOOP

ORANGE PARK FL 32073

Suite, Apt. #, etc.

City & State

Zip

2. Principal Place of Business

RISDON, CHARLES R III

800 SEAGATE DRIVE DFI.RAY BEACH FL 33483

SUITE 202

K00098 DOCUMENT # 1. Entity Name FLORIDA AUTOMOTIVE RESTYLING, INC. Mailing Address Principal Place of Business



34 INDUSTRIAL LOOP SUITE 202 **ORANGE PARK FL 32073** 3. Mailing Address Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For 4. FEI Number City & State 59-2868449 Not Applicable \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) Zip Code City 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 DATE

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

Country

9. Election Campaign Financing Trust Fund Contribution.

FILED

Feb 13, 2003 8:00 am

Secretary of State

02-13-2003 90237 002 \*\*\*150.00

\$5.00 May Be Added to Fees

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 10. Addition ☐ Change ☐ Delete TITLE TITLE RISDON, CHARLES R III NAME STREET ADDRESS 800 SEAGATE DRIVE STREET ADDRESS CITY-ST-ZIP **DELRAY BEACH FL 33483** CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE THLE NAME NAME RISDON, KELLY STREET ADDRESS 34 INDUSTRIAL LOOP #202 STREET ADDRESS CITY-ST-ZIP ORANGE PARK FL 32073 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE VΡ NAME RISDON, CRAIG NAME STREET ADDRESS STREET ADDRESS 34 INDUSTRIAL LOOP #202 CITY-ST-7IP CITY-ST-ZIP ORANGE PARK FL 32073 Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE 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

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, with all other like empowered.

SIGNATURE:

382F034 (10/02)