FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2003 8:00 am
Secretary of State
04-21-2003 90505 025 ***150.00

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DOCUMENT # P00000048126

1. Entity Name
Competition Paint + Body, Inc.

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55040363

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2. Principal Place of Business	3. Mailing Address
3659 W. Orange Ave.	3659 W. Orange Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tallahassee, Florida	City & State: Tallahassee, Florida
Zip: 32310 Country: Leon	Zip: 32310 Country: Leon

4. FEI Number: 59-3645576 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Darrell McMullen

Street Address (P.O. Box Number is not Acceptable): 1128 Albritton Dr.

City: Tallahassee FL Zip Code: 32301

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: X Darrell McMullen
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	President
NAME	Darrell McMullen
STREET ADDRESS	1128 Albritton DR.
CITY-ST-ZIP	Tally, Fla. 32301
TITLE	Vice President
NAME	Christopher McMullen
STREET ADDRESS	2803 Faringdon Dr.
CITY-ST-ZIP	Tally, Fla. 32303
TITLE	Vice President
NAME	R.J. Monti
STREET ADDRESS	743 Red Fern Rd.
CITY-ST-ZIP	Tally, Fla. 32308
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: X Darrell McMullen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #