FILED

2003 FOR PROFIT CORPORATION

Apr 28, 2003 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBR P02000033236 DOCUMENT # 04-28-2003 90167 017 ***150.00 HATZI AUTOMOTIVE APPEARANCE SPECIALISTS, INC. Principal Place of Business Mailing Address 4202 TRANQUILITY DRIVE 4202 TRANQUILITY DRIVE HIGHLAND BEACH FL 33487 HIGHLAND BEACH FL 33487 2. Principal Place of Business 3. Mailing Address 1000 \mathcal{M} Florida same Suite, Apt. #. etc Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State 4. FEI Number 35-2163823 Applied For City & State Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent HATZIYANNAKIS, HARRY Street Address (P.O. Box Number is Not Acceptable) **4202 TRANQUILITY DRIVE** HIGHLAND BEACH FL 33487 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 the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Addition ☐ Delete TITLE HATZIYANNAKIS, HARRY NAME 4202 TRANQUILITY DRIVE STREET ADDRESS STREET ADDRESS HIGHLAND BEACH FL 33487 CITY-ST-ZIP CITY-ST-ZIP **OTV** TITLE ☐ Change ☐ Addition TITI F ☐ Delete NAME HATZIYANNAKIS, CLIO NAME STREET ADDRESS 4202 TRANQUILITY DRIVE STREET ADDRESS HIGHLAND BEACH FL 33487 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME

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 his 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

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP