2002 UNIFORM BUSINESS REPORT (UBR)

May 08, 2002 8:00 am Secretary of State DOCUMENT # P92000010085 1. Entity Name 05-08-2002 90107 029 ***150.00 D & L PAINT AND BODY SHOP INC. Principal Place of Business Mailing Address 2301 E 7TH AVE 2301 E 7TH AVE TAMPA FL 33605 TAMPA FL 33605 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For. 59-3161964 Not Applicable Żip Country Zip 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 Name WILSON, DWIGHT Street Address (P.O. Box Number is Not Acceptable) 1420 E. JEAN ST. **TAMPA FL 33604** Zip Code City 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS (\$150.00) 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 12. 11. CR2E034 (9/01) ☐ Addition Change ☐ Delete TITLE TITLE wilson, dwight NAME NAME STREET ADDRESS STREET ADDRESS 2301 E 7TH AVE CITY-ST-ZIP TAMPA FL 33605 CITY-ST-ZIP Delete Change ☐ Addition TITLE TITLE NAME NAME WILSON, FANNYE STREET ADDRESS STREET ADDRESS 2301 E 7TH AVE CITY-ST-ZIP CITY-ST-7IP TAMPA FL 33605 Change -Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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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

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SIGNATURE:

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

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