2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P98000055507 May 16, 2000 8:00 am Secretary of State ABE'S DETAILING, INC. 05-16-2000 90089 010 ***150.00 Principal Place of Business Mailing Address 261 ARBOR DRIVE EAST 3924 TAMPA RD PALM HARBOR FL 34683-5706 OLDSMAR FL 34677 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3518592 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MOHSEN, IBRAHIM Street Address (P.O. Box Number is Not Acceptable) 261 ARBOR DRIVE EAST PALM HARBOR FL 34683 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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Addition **DPT** TITLE TITLE Delete MOHSEN, IBRAHIM NAME NAME STREET ADDRESS STREET ADDRESS 261 ARBOR DRIVE EAST CITY-ST-ZIP CITY-ST-ZIP PALM HARBOR FL 34683 ☐ Change ☐ Addition □ Delete TITLE. TITLE MOHSEN, KIMBERLY PAIGE NAME NAME STREET ADDRESS STREET ADDRESS 261 ARBOR DRIVE EAST CITY-ST-ZIP CITY-ST-ZIP PALM HARBOR FL 34683 ☐ Change ■ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE Delete NAME MARAF STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 changed, or on an attachment with an address, with all other like empowered.

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