2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P99000029432 Apr 24, 2000 8:00 am Secretary of State 1. Entity Name ADVANCED AUTOMOTIVE ACCESSORIES & TRIM, INC. 02-26-2000 90059 023 ***150.00 Principal Place of Business Mailing Address 10461 SE 106 COURT 10401-38-100-COURT CANDLER FL 32111 -00 (22 CANDLER FL 32111 2. Principal Place of Business 3. Mailing Address Po. Box Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State FEI Numbe Applied For 32111-0d Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 32/11-0062 ()5A Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JORDAN, ROBERT L Street Address (P.O. Box Number is Not Acceptable) 10461 SE 106 COURT CANDLER FL 32111 - 0062 City Zip Code 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE. Pegistered 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 11. 12. CR2E034 (9/99) TITLE Change ☐ Addition TITLE ROBERT L CONDA NAME NAME 461 SE 106 CT. ANDER, FL 3211 ICE PLES CONTS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP tine ☐ Change Addition TITLE Porda NAME NAME 10.464 SE 166 CT. STREET ADDRESS STREET ADDRESS CITY ST-7/P CITY-ST-ZiP ☐ Addition ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition Delate TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

Change

☐ Addition

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

Robert L. Vardow- 2/22/2000-(352) OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR