FILED

2003 FOR PROFIT CORPORATION

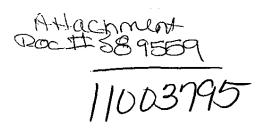
Apr 21, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR** 389559 DOCUMENT # 1. Entity Name 04-21-2003 90511 006 ***150.00 AUTO BODY SPECIALISTS, INC. Principal Place of Business Mailing Address 6503 N ORANGE BLOSSOM TRAIL 6503 N ORANGE BLOSSOM TRAIL 11003735 ORLANDO FL 32810 ORLANDO FL 32810 2. Principal Place of Business 3. Mailing Add ☐ CHECK HERE IF MAKING CHANGES 4. FEI Number Applied For 59-1361428 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agen 7. Name and Address of New Registered Agent FREIN, JAMES P Street Address (P.O. Box Number is Not Acceptable) **5700 GULF STREAM STREET TAVARES FL 32778** 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. I am familiar with, and accept the obligations of registered agent. 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. 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Delete TITLE ☐ Change Addition FREIN, JAMES P NAME NAME STREET ADDRESS 5700 GULF STREAM STREET STREET ADDRESS TAVARES FL 32778 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition FREIN, JUDITH NAME NAME **5700 GULF STREAM STREET** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **TAVARES FL 32778** CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. 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 Block 11 if changed, or on an attachment with an address, with all other like empowered

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP



JANUARY 31, 2003

NOTICE TO FLORIDA STOCKHOLDERS

IN ACCORDANCE WITH THE REQUIREMENTS OF THE FLORIDA INTANGIBLE TAX LAWS AND REGULATIONS, THIS NOTICE IS TO INFORM YOU THAT THE CORPORATION HAS ELECTED NOT TO PAY THE 2003 INTANGIBLE TAX AS AGENT FOR ITS FLORIDA STOCKHOLDERS.

THE VALUE PER SHARE OF COMMON STOCK PER CORPORATE RECORDS IS $\frac{$5.00}{}$ AT DECEMBER 31, 2002.