FILED

CR2E034 (9/01

2002 Uniform Business Report (UBR)

Apr 17, 2002 8:00 am Secretary of State DOCUMENT # 579131 1. Entity Name 04-17-2002 90079 024 ***150.00 FLORIDA PLATE SPECIALISTS, INC. Principal Place of Business Mailing Address 1231 S.E. 14TH DRIVE 1231 S.E. 14TH DRIVE DEERFIELD BEACH FL 33441 DEERFIELD BEACH FL 33441 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEi Number 59-1833214 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BASSETT, JOHN P Street Address (P.O. Box Number is Not Acceptable) 881 CYPRESS WAY **BOCA RATON FL 33486** City 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. SIGNĀTURE 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 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 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. TITLE TITLE Change ☐ Addition ☐ Delete BASSETT, DOROTHY NAME NAME STREET ADDRESS **1231 SE 14TH DRIVE** STREET ADDRESS **DEERFIELD BEACH, FL00000** CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition PD NAME BASSETT, JOHN P NAME STREET ADDRESS 881 CYPRESS WAY STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33486** CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS 1 .. CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNATURE: 2

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

DASSett 4.8.02