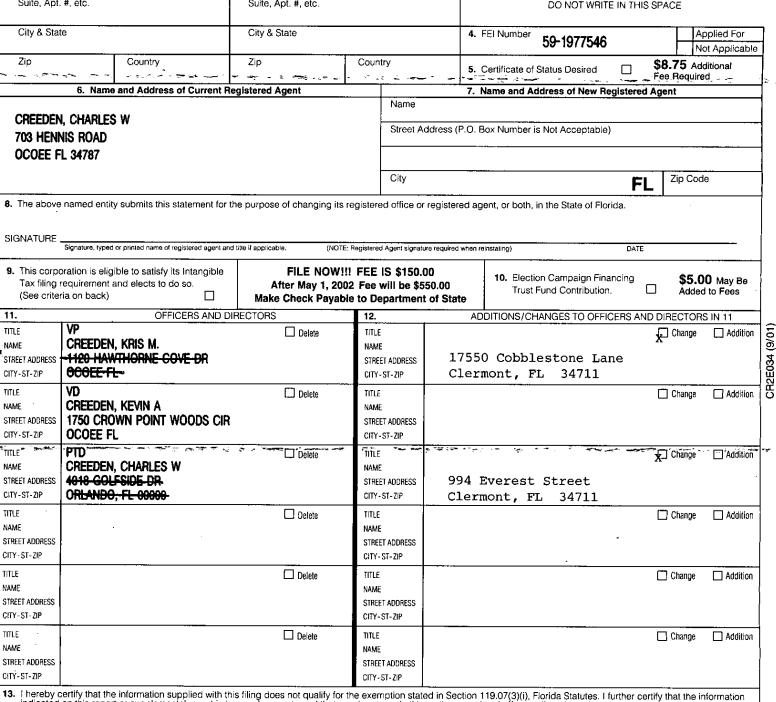
FILED 2002 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT #** 659422 1. Entity Name C & W TRUCK REPAIR, INC. 05-22-2002 90097 004 ***150.00 Principal Place of Business Mailing Address 703 HENNIS ROAD 703 HENNIS ROAD WINTER GARDEN FU 34787 HILL + 1 WINTER GARDEN FL 34787 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 59-1977546 Zip Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CREEDEN, CHARLES W Street Address (P.O. Box Number is Not Acceptable) 703 HENNIS ROAD OCOEE FL 34787 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. TITLE ☐ Delete TITLE CREEDEN, KRIS M. NAME NAME 1120 HAWTHORNE COVE DR 17550 Cobblestone Lane STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OCOEE-FL-CITY-ST-ZIP Clermont, FL 34711 Delete TITLE Change CREEDEN, KEVIN A NAME NAME 1750 CROWN POINT WOODS CIR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OCOEE FL CITY-ST-ZIP

May 22, 2002 8:00 am Secretary of State



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 received 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 attachmer with all other like empowered

SIGNATURE: