


FILED
May 10, 2004 8:00 am
Secretary of State

04-21-2004 90016 010 ***150.00

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F02000003328 1. Entity Name UFPC EQUIPMENT RESTORATION, INC.	
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Principal Place of Business 950 BRECKENRIDGE LANE, SUITE 300 LOUISVILLE, KY 40207	Mailing Address 950 BRECKENRIDGE LANE, SUITE 300 LOUISVILLE, KY 40207
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bb4ZU34U



02102004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 36-4499752	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC WOODSIDE, DANIEL E 950 BRECKENRIDGE LANE LOUISVILLE, KY 40207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HOLDEN, WILLIAM V 950 BRECKENRIDGE LANE LOUISVILLE, KY 40207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TVC BICKLEY, WILLIAM 950 BRECKENRIDGE LANE LOUISVILLE, KY 40207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE: William V. Holden Sec/Treas. 5/4/04 502-896-5900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #