

Document Number Only

F97000005808

C T CORPORATION SYSTEM /Melanie Strickland

660 East Jefferson Street

Requestor's Name

Tallahassee, Florida 32301

Address

(850) 222-1092

City State Zip Phone

CORPORATION(S) NAME

400003072894--9

-12/16/99--01070--006

*****35.00 *****35.00

United Autocare Products, Inc.

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TALLAHASSEE, FLORIDA

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Thanks, Melanie

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CR2E031 (1-89)

C. COULLETTE DEC 17 1999

Florida Department of State, Jim Smith, Secretary of State

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of DELAWARE submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1a. The name of the corporation is: UNITED AUTOCARE PRODUCTS, INC.

1b. Date of incorporation February 6, 1997 Document number F97000005808

2. The name and address of the current registered agent and office:

CORPORATION SERVICE COMPANY

1201 HAYS STREET, TALLAHASSEE FL 32301-2525

3. The name and address of the new registered agent and office:
(P.O. Box Not Acceptable)

C T CORPORATION SYSTEM

c/o C T CORPORATION SYSTEM, 1200 South Pine Island Rd., Plantation Florida 33324

The street address of its registered agent and the street address of the business office of its registered agent as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

Robert H. Kurnick, Jr.
SIGNATURE

December 9, 1999
DATE

Robert H. Kurnick, Jr.
(Type or printed name and title)
Vice President

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT.

MARC A. GILLIS
SIGNATURE BY: MARC A. GILLIS
MARC A. GILLIS, ASST SECY (Registered Agent)

DATE _____

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

CR2E045 (7-91)

Filing Fee: \$35.00