

DOCUMENT # J31927			
1. Entity Name EXODUS AUTO BODY, INC.			
Principal Place of Business 2425 PEMBROKE ROAD HOLLYWOOD FL 33020-5863		Mailing Address 2425 PEMBROKE ROAD HOLLYWOOD FL 33020-5801	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent			
LA RUSSA, GIUSEPPE 2425 PEMBROKE RD HOLLYWOOD FL 33020			Name
			Street Address (If different from above)
			City
			State
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required.)			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	
11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD LA RUSSA, GIUSEPPE 2425 PEMBROKE ROAD HOLLYWOOD FL 33020	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
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12.			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607 of the Florida Statutes, Chapter 607, which provides that the information shall have the effect of a public record if the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607 has changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

[REDACTED]

DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone #