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2001 UNIFORM BUSINESS REPORT (UBR)

Mar 14, 2001 8:00 am **DOCUMENT # J55072** Secretary of State DOC SHERIDAN'S AUTO FIBERGLASS DIVISION, INC. 03-14-2001 90495 011 ***150.00 Principal Place of Business Mailing Address 951 WEST 13TH STREET #8 951 WEST 13TH STREET #8 RIVIERA BEACH FL 33404 RIVIERA BEACH FL 33404 C0033340 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. FE! Number Applied For 59-2774323 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent .7. Name and Address of New Registered Agent HAUSE, SHERIDAN LARRY. Street Address (P.O. Box Number is Not Acceptable) 951 WEST 13TH STREET #8 RIVIERA BEACH FL 33404 City 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 (NOTE: Registered Agent signature required when reinstating) agent and title if applicable 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. ☐ Addition TITLE Delete TITLE ☐ Change HAUSE, SHERIDAN L. NAME NAME STREET ADDRESS 951 W. 13TH ST. #8 STREET ADDRESS CITY-ST-ZIP RIVIERA BEACH FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition HAUSE, SHERIDAN L. NAME NAME STREET ADDRESS 951 W. 13TH ST. #8 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP RIVIERA BEACH FL Delete TITLE Change ☐ Addition 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 Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME 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 of required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 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

3-2-01

561-844-7018

Daytime Phone #

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