2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

5324 3RD AVE.

STOCK ISLAND

DOCUMENT

Principal Place of Business

K25676

1. Entity Name

5324 3RD AVE.

STOCK ISLAND

G & M PAINT AND BODY SHOP, INC.

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FILED Aug 28, 2003 8:00 am Secretary of State

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KEY WEST FL 33040 KEY WEST FL 33040 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 65-0056405 Not Applicable Zip Country Country \$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 ... BLANCO, ADRIANNA G Street Address (P.O. Box Number is Not Acceptable) C/O 5324 3RD AVE. SI KEY WEST FL 33040 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME GOODRICH, ADRIAN NAME STREET ADDRESS 5324 3RD AVE STREET ADDRESS KEY WEST FL 33040 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition GOODRICH, TERRI NAME NAME STREET ADDRESS STREET ADDRESS 5324 3RD AVE CITY-ST-ZIP CITY-ST-ZIP KEY WEST FL 33040 TITLE Delete DDE ☐ Change Addition NAME GOODRICH, STEPHEN A NAME STREET ADDRESS STREET ADDRESS 5324 3RD AVE. CITY-ST-ZIP CITY-ST-ZIP KEY WEST FL 33040 ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 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:

