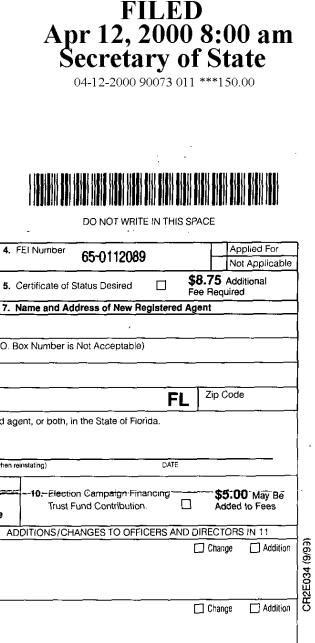
2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # K81215** 1. Entity Name TRU-TEC AUTO & ALIGNMENT, INC. Principal Place of Business Mailing Address % KEVIN BECKER % KEVIN BECKER 1947 N.W. 55TH AVENUE 1947 N.W. 55TH AVENUE MARGATE FL 33063-3702 MARGATE FL 33063 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number City & State 65-0112089 Zip Zip Country Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent Name BECKER KEVIN Street Address (P.O. Box Number is Not Acceptable) 9031 NW 21ST CT CORAL SPRINGS FL 33071 City 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 ... 10-Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. TITLE P ☐ Delete

FILED



NAME STREET ADDRESS CITY-ST-ZIP	BECKER, KEVIN 9031 NW 21ST CT. CORAL SPRINGS FL	NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Delete FACTERMAN, MICHAEL S 1920 NW 107TH TERRACE CORAL SPRINGS FL	TITLE NAME STREET ADDRESS CATY-ST-ZIP	☐ Change ☐ Ad	dition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Ad	dition
TITLE NAME STREET ADDRESS. CITY-ST-ZIP	Delete	TITLE NAME -STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Ad	dition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Ad	ldition_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Ad	

13. I hereby certify that the information supplied with this filling 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered: richael S FACTERMON 2

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR