FILED

2001 UNIFORM BUSINESS REPORT (UBR)

May 10, 2001 8:00 am Secretary of State **DOCUMENT # K96834** 1. Entity Name FINAL TOUCH AUTO PAINTS, INC. 5-10-2001 90135 032 ***150.00 Principal Place of Business Mailing Address 839 REMSEN AVENUE N.W. 839 REMSEN AVENUE N.W. 317 ENTERPRISE ST PALM BAY FL 32907 OCDE5 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. FEI Number Applied For 65-0125415 Not Applicable Zip 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 317 ENTERARISE DONAHUE, RICHARD V., JR. Street Address (P.O. Box Number is Not Acceptable) 839 REMSEN AVENUE, NW OCOBE FI PALM-BAY FL 32907 Zip Code FI is 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 registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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) П Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Change Addition 317 ENTERPRIS DONAHUE, RICHARD V., JR. NAME 839 REMSEN-AVE:: NW STREET ADDRESS STREET ADDRESS ST OCOBE FI 3476 CITY-ST-ZIP -PALM BAY FL 32907 CITY-ST-ZIP TITLE ☐ Change ☐ Addition 317 ENTERPRISE DONAHUE, BIANCA A NAMÉ NAME 839 REMSEN-AVE., NW STREET ADDRESS STREET ADDRESS ST OCOBE Fl 34761 PALM BAY FL 32907 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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 TITLE ☐ Delete TITLE ☐ Change ☐ 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-7(P

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 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 empoyered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIPECTOR

5/4/0/ 321-698-1181