2000 UNIFORM BUSINESS REPORT (UBR) **FILED** DOCUMENT # N93000001498 May 08, 2000 8:00 am PROFESSIONAL REPAIR INDUSTRY DIAGNOSTIC EXPERTS Secretary of State 05-08-2000 90042 026 ****61.25 Principal Place of Business Mailing Address 537 PARK STREET 537 PARK STREET JACKSONVILLE FL 32204 JACKSONVILLE FL 32204-2930 3. Mailing Address 2. Principal Place of Business 11 Blanding Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3167421 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 32012 32073 US Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Ferran mike Street Address (P.O. Box Number is Not Acceptable) **GUNTER, HUGH** 537 PARK STREET JACKSONVILLE FL 32204 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 FILE NOW: 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. **Addition** TITLE Delete TITLE ☐ Change Robert Mizelle NAME HUGH. GUNTER NAME 181 Libarof Library Rd. STREET ADDRESS STREET ADDRESS 3007 MARANATHA DRIVE CITY-ST-ZIP CITY-ST-ZIP JacksonJille MIDDLEBURG FL 3222 S ☐ Change **Addition** Delete TITLE TITLE CHIP, PARMAN BRIAN Billings NAME NAME 211 Blanding Blod STREET ADDRESS STREET ADDRESS 2825 MAYPORT ROAD Deange Pack CITY-ST-ZIP CITY-ST-7IP ATLANTIC BEACH FL STD Change ☐ Addition TITLE Delete TITLE mike Ferran NAME FERRAN, MIKE NAME - - . . 5552 Beach BlvJ STREET ADDRESS STREET ADDRESS 5552 BEACH BLVD CITY-ST-ZIP CITY-ST-ZIP Jacksonville FL. 32207 JACKSONVILLE FL TD ☐ Addition TITLE 🔽 Delete TITLE Change NAME MILLER, MARK NAME STREET ADDRESS 9962 SAN JOSE BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Jacksonville fl ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME

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 617, 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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP 4

STANDSILLE REQUERTED BILL NYS

04/25/00

94.264-0864

Daytime Phone #