FILED May 21, 2003 8:00 am §

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

| DOCUI 1. Entity Nam COURTES | е | # P0000 SION CENTER, IN | 0111564 c. | | | | Secretary of State 05-21-2003 90194 004 ***150.00 | | | | |
|---|-----------------------|--|--|-------------------------|--|-------------|---|------------|--|--|--|
| Principal Place 4561 NW 8TH OAKLAND PAR | AVE | s | Mailing Address 4561 NW 8TH AVE OAKLAND PARK FL 3330 | 1 NW 8TH AVE | | | | | | | |
| 2. Principal P | 1.3 | 3. Mailing Address | | Circle | | - | .111 | | | | |
| Suite, Apt. | #, etc. | r Wood Cirus | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | | ☐ CHECK HERE IF MAKING CHANGES | | | | |
| 104 - C City & State | | | City & State | | | | 4. FEI Number CE 1000000 Applied Fo | or | | | |
| TAMAME, FLORIDA | | | Zip Country | | | | 4. FEI Number 65-1062560 Not Applied FC | cable | | | |
| Zip 33310 | Sig Country USA | | 33319 | Court | JS A |] | 5. Certificate of Status Desired See Required Fee Required | | | | |
| <u> </u> | 6. Name | and Address of Current | Registered Agent | | Name | | 7. Name and Address of New Registered Agent | | | | |
| | II, JOHN D | • | | | (P.O. Box Number, is Not Acceptable) | | | | | | |
| | 15 ST E PINES FI | • • | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| rembnon ; | | | | # 104 - C City Tip Code | | | | | | | |
| 8 The above | named entit | y submits this statement for | or the purpose of changing its | e ranietare | <u> </u> | | marker FL Zip Code 33319 red agent, or both, in the State of Florida. I am familiar with, and according to the state of Florida. | cent | | | |
| | ions of regist | | or the purpose of changing its | o register | sa omoe qi | registere | red agent, or both, in the orang of Frontia. Fair fairman war, and ass | осрі | | | |
| SIGNATURE , | Signature, typed | or printed name of registered agent | and title if applicable. (NO | TF: Registere | d Agent signatu | re required | d whien reinstating) DATE | - | | | |
| Aftei | May 1, 20 | II. FEE IS \$150.00 03 Fee will be \$550.00 o Florida Department o | | : - | | | 9. Election Campaign Financing \$5.00 May Trust Fund Contribution. Added to Fee | | | | |
| 10. | | OFFICERS AND | DIRECTORS | 11. | | ~ | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 7161 SW | ri, John D Jr 15 St (E Pines Fl 33023 | C.J Delete | 8 | | 6070 | ARMIEN JOHN DIT SHAKON WOODS CYRLE 104-C MARKE FE 33319 | Idition | | | |
| TITLE | D | | ☐ Delete | πι | | 1 134 | ☐ Change ☐ Ac | dition | | | |
| NAME Street adoress | Stabil, V 15867 NW | | | NAME STREET ADD | | | | | | | |
| CITY-ST-ZIP | PEMBROK | E PINES FL 33028 | · 🗆 | | -ST-ZIP | | Change | Helitian | | | |
| TITLE NAME | | نے ، مسجو مور | Delete | NAM | | - | | 201110011- | | | |
| STREET ADDRESS CITY-ST-ZIP | | | | | ET ADDRESS - ST- ZIP | | | | | | |
| TITLE . | | | ☐ Delete | TITE | | | ☐ Change ☐ Ad | ddition | | | |
| NAME STREET ADDRESS | | | | NAM STRI | et address | | | | | | |
| CITY-ST-ZIP | | | | - | -ST-ZIP | | | | | | |
| TITLE NAME | | · | , LJ Delete | TITL NAM | | | ☐ Change ☐ A | ddition | | | |
| STREET ADDRESS CITY-ST-ZIP | | | | • | EET ADDRESS | | | | | | |
| TITLE | | | ☐ Delete | TITL | | | ☐ Change ☐ Ar | ddition | | | |
| NAME STREET ADDRESS | 1 | | | NAN MAR | IE Eet address | | | ĺ | | | |
| CITY-ST-ZIP | | | | | '-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: ALVATOR SURE REQUIRED 5-18-03 | | | | | | | | | | | |
| | | SIGNATURE AND TYPED OR | PRINTED NAME OF SIGNING OFFICE | # OK DIREC | IUH | | Date Daytime Phone # | | | | |

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

| DOCUMENT # P000 1. Entity Name COURTESY COLLISION CENTER, | 000111564 INC. | | | YERS COPY | | | | | | | | |
|---|--|--|---|---|-------------------------------|--|--|--|--|--|--|--|
| Principal Place of Business 4561 NW 8TH AVE OAKLAND PARK FL 33309 | Mailing Address 4561 NW 8TH AVE OAKLAND PARK FL 3330 |)9 | 80 | 80120633 | | | | | | | | |
| 2. Principal Place of Business 6020 SHAKER Woods Circ Suite, Apt. #, etc. | 3. Mailing Address 6020 SHAKEV W Suite, Apt. #, etc. | Door Greve | | | | | | | | | | |
| 104 · C | 104.C | | | ☐ CHECK HERE IF MAKING CHANGES | | | | | | | | |
| City & State TAMATAL FLOTION | City & State | LONDA | 4. FEI Number 65 | 4. FEI Number 65-1062560 Applied For Not Applicable | | | | | | | | |
| Zip Country 33319 UJA | Zip 33319 | Country | 5. Certificate of State | Js Desired LJ Fee Re | Additional | | | | | | | |
| 6. Name and Address of Cur | ss of New Registered Agent | | | | | | | | | | | |
| GUARNIERI, JOHN D. JR. 7161 SW 15 ST | ر در استون در حدد در در مید | Street Ad | Street Address (P.O. Box Number, is Not Acceptable) | | | | | | | | | |
| PEMBROKE PINES FL 33023 | | # 10 | # 10Y-C | | | | | | | | | |
| | | City - | TAMATAL | Γ⊾ 3 | Code | | | | | | | |
| The above named entity submits this statement the obligations of registered agent. | ent for the purpose of changing its | s registered office or i | egistered agent, or both, in the | State of Florida. I am familiar | with, and accept | | | | | | | |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | | | | | |
| FILE NOW!!!_FEE IS \$150.00 After May 1, 2003 Fee will be \$550 Make Check Payable to Florida Departme | .00 | | | | 55.00 May Be Added to Fees | | | | | | | |
| 10. OFFICERS | AND DIRECTORS | 11. | | GES TO OFFICERS AND DIREC | | | | | | | | |
| NAME STREET ADDRESS CITY-ST-ZIP D GUARNIERI, JOHN D JR 7161 SW 15 ST PEMBROKE PINES FL 33023 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | D Jr 2001 Crack 104. | | | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP D STABIL, VINCENT 15867 NW 10 ST PEMBROKE PINES FL 33028 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Cha | ange | | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | - · · · · | □ Cha | ange | | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Cha | ange | | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | i Ch | ange Addition | | | | | | | |
| NAME STREET ADDRESS CITY-ST-ZIP | □ Delete · | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | □ Ch | ange Addition | | | | | | | |
| 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: GNATURE AND TYPED OF FAINTED NAME OF SIGNING OFFICER OF DIRECTOR Data Daytime Phone # | | | | | | | | | | | | |