

PD1000026103

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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03 MAY 19 PM 4:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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03 MAY 19 PM 4:30

DEPT. OF REVENUE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

C. Ooulliette MAY 19 2003

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: United Car Care of Florida, Inc.
(Name of corporation)

DOCUMENT NUMBER: PO100026103

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Bert L. Combs
(Name of person)

Radey Thomas Yon & Clark
(Name of firm/company)

101 N. Monroe Street, Suite 775
(Address)

Tallahassee, FL 32301
(City/state and zip code)

For further information concerning this matter, please call:

Angel Ganey at (850) 425-6680
(Name of person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: United Car Care of Florida, Inc.
2. The principal office address: 101 N. Monroe Street, Suite 775
Tallahassee, FL 32301
3. The mailing address (if different): 6501 S. Fiddler's Green Circle, Suite 610
Greenwood Village, CO 80111
4. Date of incorporation/qualification: 03/13/01 Document number: P01000026103
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Bert L. Combs

106 E. College Ave., Suite 1200

Tallahassee, FL 32301

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Bert L. Combs

101 N. Monroe Street, Suite 775

(P.O. Box or personal mailbox NOT acceptable)

Tallahassee, FL 32301

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

X [Signature]
(Signature of an officer, chairman or vice chairman of the board)

Daniel McVellis, President
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]
(Signature of Registered Agent)

5/14/03
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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TALLAHASSEE, FLORIDA