2003 FOR PROFIT CORPORATION

FILED Apr 23, 2003 8:00 am Secretary of State

| U | <u>Niform Busine:</u> | <u>SS REPORT</u> | (UBR) | | Secreta | ary or S | otate |
|--|---|------------------------------------|------------------------------|------------------------------|--|---------------------------|------------|
| DOCUMENT # P01000032975 | | | | 原 多次。 | 04-23-2003 | 90303 018 *** | 150.00 |
| 1. Entity Name | | | | | | | |
| FATHER & SON AUTO SERVICE, CORP. | | | | | | | |
| | | 1 | | | | | |
| Driver and Olean | a of Dunings | Mailian Addrsos | 794 | Hite.v | JULUA | 554 | |
| Principal Place of Business 11 MAGNOLIA STREET | | Mailing Address 11 MAGNOLIA STREET | | | 1 | | |
| DAVENPORT, FL. 33837 | | DAVENPORT, FL 33837 | | | | | |
| | | | | | | | |
| 9 Deinalant Class of Dusiness 22 Mailing Address | | | | | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | CHECK HERE IF MAKING CHANGES | | | |
| A | | | | | | | |
| City & State | | City & State | | 4. FEI Number 02-0609563 | | plied For t Applicable | |
| Zip Country | | Zip | Country | | | \$8.75 Add | |
| | , J. | | , | | 5. Certificate of Status Desired | Fee Require | d |
| Name and Address of Current Registered Agent | | | | - | 7. Name and Address of New Regi | stered Agent | |
| LOPEZ, PEDRO R | | | | Name | | | |
| 11 MAGNOI | IA STREET | | Street | Address (| P.O. Box Number is Not Acceptable) | | |
| DAVENPUR | RT, FL 33837 | | · | | | | |
| | | | | | | | |
| | • | | City | | | FL Zip Code | e |
| 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. I am familiar with, and accept | | | | | | | |
| the obligations of registered agent. | | | | | | | |
| SIGNATURE | | | | | | | |
| Signature, typed or printed name of registered agent and title. I applicable. (NOTE: Registered Agents ignature required when reinstating) CATE | | | | | | | |
| FILE NOW!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be | | | | | | | |
| After Make Check | May 1: 2003 Fee will be \$550.00 Payable to Florida Department o | if State | | | Trust Fund Contribution. | | to Fees |
| 10. | OFFICERS AND I | | 11. | | ADDITIONS/CHANGES TO OFFICE | RS AND DIRECTORS | 3 IN 11 |
| -TITLE | T | Delete | TOLE | | | | Addition |
| NAME | LOPEZ, EUGENIO | | NAME | 2000 | ez facto R pagnosia street enport, 763383 | | |
| STREET ADDRESS | 2944 CRYSTAL CREEK BLVD | | STREET ADDRES | S Dece | en lary 76 3383 | Preside | ~ - |
| CITY-ST-2P | ORLANDO, FL 34837 | | CITY-ST-ZIP | 3000 | -ny or i j | | _ |
| TITLE | S ABAI | ☐ Delete | TITLE | | | ☐ Change | ☐ Addition |
| NAMÉ STREET ADDRESS | LOPEZ, ADAL 2944 CRYSTAL CREEK BLVD | | NAME STREET ADDRES | s | | | |
| CITY-ST-ZIP | ORLANDO, FL 34837 | | CITY-ST-ZIP | | | | |
| TITLE | | ☐ Delete | TOLE | | | ☐ Change | Addition |
| NAME | | | NAME | | | | |
| STREET ADDRESS | | | STREET ADDRES | s | | | |
| CiTY-ST-ZP | | | CITY-SI-ZIP | | <u> </u> | Change | Addition |
| TITLE NAME | | ☐ Delete | TITLE NAME | | | □ ¢læige | ☐ Vaguron |
| STREET ADDRESS | | | STREET ADDRES | s | | | Ì |
| CITY-ST-ZIP | | | CITY-ST-2IP | | | | |
| TITLE | | ☐ Delete | TITLE | | | ☐ Change | ☐ Addition |
| NAME | | | NAME | | | | |
| STREET ADDRESS CITY-ST-2IP | | | STREET ADDRES City-St-Zip | ` | | | |
| 1016 | | ☐ Delete | 1016 | | | ☐ Change | Addition |
| NAMÊ | | L. Deiele | . NAME | | <i>:</i> | in Autube | |
| STREET ADDRESS | | | STREET ADDRES | s . | .2 | | |
| CITY-ST-2P | | N 400 | Crty-St-ZIP | <u> </u> | and a state of the second seco | Al | |
| 12. Thereby o | ertify that the information supplied with | this filling goes not qualify for | ine exemption s | rated in Se | cuon 1.19.07(3)(1), rionda Statutes. I fur | mer centry that the In | HOLLMATION |

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 redelver 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.

GNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Caytime Phone #