2002 UNIFORM BUSINESS REPORT (UBR)

Jun 02, 2002 8:00 am Secretary of State **DOCUMENT #** P01000060639 05-13-2002 90067 035 ***150.00 1. Entity Name AUTOMOTIVE PAINT SOLUTIONS, INC. Principal Place of Business Mailing Address 7675 BRUNSON CIRCLE 7675 BRUNSON CIRCLE LAKE WORTH FL 33467 LAKE WORTH FL 33467 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 <u> 15-1119120</u> Not Applicable Zip Country Zio 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 = --CASTANEDA, FRANK Street Address (P.O. Box Number is Not Acceptable) 7675 BRUNSON CIRCLE LAKE WORTH FL 33467 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its intangible " FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 (See criteria on back) Trust Fund Contribution, Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE President ☐ Delete TITLE (9/01) ☐ Change Addition MALIF FL 33467 FRANK CHSTANEDA NAME STREET ADDRESS STREET ADDRESS 7675 BRUNSONCIECK I HELLORTH CITY-ST-ZIP CITY-ST-ZIP TITLE VICE PRESIDENT ☐ Delete TITLE ☐ Change □ Addition NAME FRANK CASTANEOH NAME STREET ADDRESS 7675 BRUNSONCIRCLE LAKEWORTH STREET ADDRESS CITY-ST-ZIP E.C 33467 CITY-ST-ZIP secretary TITLE Delete TITLE ☐ Change ☐ Addition NAME. FRANK-CASTANEOA-NAME STREET ADDRESS 7675 BRUNSON CIRCLE STREET ADDRESS CITY-ST-ZIP LAKE WORTH FL. 33467 CITY-ST-ZIP TITLE TREASURER Change ☐ Addition NAME FRANKEASKANEDA NAME STREET ADDRESS 7675 BRUNSON CIRCLE 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 me Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST ZIP CITY-ST-ZIP 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

FILED

SIGNATURE: