FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 19, 2002 8:00 am[§] Secretary of State P01000086995 **DOCUMENT #** 1. Entity Name RANDY'S AUTO BODY, INC. 05-19-2002 90152 036 ***158.75 Principal Place of Business Mailing Address 86 SOUTH YONGE STREET 86 SOUTH YONGE STREET ORMOND BEACH FL 32174 ORMOND BEACH FL 32174 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State City & State Applied For Not Applicable Zip Country Zip 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 Name CRABTREE, RANDY HOWARD Street Address (P.O. Box Number is Not Acceptable) **86 SOUTH YONGE STREET** ORMOND BEACH FL 32174 Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (9/01) ☐ Delete TITI F Change | ☐ Addition TITLE tandy 2579 Hospital NAME NAME andig A Coubtness 865.40nax 64. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition vice President ☐ Delete TITLE NAME David Crapture TR. NAME STREET ADDRESS STREET ADDRESS 400 W. NEW England AVE #1 CITY-ST-ZIP CITY-ST-ZIP Winter Pack, E. ☐ Delete Change ☐ Addition SecretaryTreasurer NAME Kathlein STREET ADDRESS STREET ADDRESS 57 Midway AVE CITY-ST-ZIP CITY - ST - ZIP ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS 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

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 changed, or on an attachment with an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

TITLE

STREET ADDRESS

☐ Delete

Craptree Yresident

Change

Addition