2002 UNIFORM BUSINESS REPORT (UBR)

Mar 28, 2002 8:00 am Secretary of State P01000110147 DOCUMENT # 1. Entity Name FENDER BLENDERS AUTOMOTIVE REFINISHING, INC. 03-28-2002 90146 043 ***150.00 Principal Place of Business Mailing Address 2704 N W 45TH PLACE 2704 N W 45TH PLACE GAINESVILLE FL 32605 GAINESVILLE FL 32605 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 59-3760079 Not Applicable Zip Zip. \$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 BERENGER, ELIZABETH F Street Address (P.O. Box Number is Not Acceptable) 2704 N W 45TH PLACE GAINESVILLE FL 32605 Zip Code City 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) DATE FILE NOW!!! FEE IS \$150.00 9. 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...... Addition TITLE PD TITLE Change ☐ Delete BERENGER, ROBERT L NAME NAME 2704 N W 45TH PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP GAINESVILLE FL 32605 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE BERENGER, ELIZABETH F NAME MAME STREET ADDRESS STREET ADDRESS 2704 N.W. 45TH, PLACE CITY-ST-ZIP CITY-ST-7IP GAINESVILLE FL 32605 Change ☐ Addition TITLE ☐ Delete TITLE NAME 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 Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete 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 changed, or on an attachment with an address, with all other like empowered.

FILED

Daytime Phone #