FILED

2002 Uniform Business Report (UBR)

Apr 17, 2002 8:00 am Secretary of State DOCUMENT # P01000122294 1. Entity Name 04-17-2002 90173 033 ***150 DICK'S WHEELCOVERS & MATS, INC. Principal Place of Business Mailing Address 6941 KAPOK DRIVE 6941 KAPOK DRIVE MILTON FL 32583 MILTON FL 32583 2. Principal Place of Business 3. Mailing Address Po Box 531 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For baqdad 22-3849296 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 32530 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CHOOS, S. SCOTT ESQ. Street Address (P.O. Box Number is Not Acceptable) 15600 S.W. 288 STREET **SUITE 312** HOMESTEAD FL 33033 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 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 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition NAME MENENDEZ, SALVADOR A NAME STREET ADDRESS 6941 KAPOK DRIVE STREET ADDRESS CITY-ST-ZIP MILTON FL 32583 CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME MENENDEZ, CAROL A NAME STREET ADDRESS 6941 KAPOK DRIVE STREET ADDRESS CITY-ST-ZIP MILTON FL 32583 CITY-ST-ZIP TITLE Delete Change ☐ Addition 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-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change 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 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 redeliver 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

CAROL A Menerdez) 4/4/02