2003 FOR PROFIT CORPORATION .

| 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) | | | | FILED Apr 25, 2003 8:00 am Secretary of State 04-25-2003 90146 044 ***150.00 | |
|---|--|---|---------------------------------------|---|-----------------|
| | | 0012252 | | Secretary of State | Ą |
| 1. Entity Nam ABACO T | TIRE AND SERVICE, INC. | | | 04-25-2003 90146 044 ***150.00 | |
| Principal Place of Business 11361 152 STREET NORTH JUPITER FL 33478 | | Mailing Address 11361 152 STREET NORTH JUPITER FL 33478 3. Mailing Address | | | |
| 2. Principal Place of Business 152 June St Suite, Apt. #, etc. | | | | - | |
| | | Suite, Apt. #, etc. | <u>—</u> | ☐ CHECK HERE IF MAKING CHANGES | 7 |
| Sty & Stat | The same of the sa | City & State | 0: 1 | 4. FEI Number Applied For Not Applicable | |
| 3345 | 6. Name and Address of Current | Zip | Country | 5. Certificate of Status Desired \$8.75 Additional Fee Required | - |
| | 6. Name and Address of Current | regisiered Agent | Name | 7. Name and Address of New Registered Agent | ł |
| Weber, Richard J 11361 152 Street North Jupiter FL 33478 | | Street Address | (P.O. Box Number is Not Acceptable) | | |
| | | | City | FL Zip Code | |
| | named entity submits this statement for ions of registered agent. | the purpose of changing its r | egistered office or regist | tered agent, or both, in the State of Florida. I am familiar with, and accept | |
| SIGNATURE . | Signature, typed or printed name of registered agent a | nd title if applicable. (NOTE: | Registered Agent signature requi | ired when reinstating) DATE | |
| After | ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Fayable to Florida Department of | State | | 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees | |
| 10. | OFFICERS AND I | DIRECTORS | 11. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | <u> </u> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPT WEBER, RICHARD J 11361 152 STREET NORTH JUPITER FL 33478 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change ☐ Addition | CR2E034 (10/02) |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVS WEBER, JOANN 11361 152 STREET NORTH JUPITER FL 33478 | □ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Change Addition | CR2 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change ☐ Addition | |
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| | | | | 0 1/2 (2/2)//) =1 1/2 (2/2) | 1 1 |

12. 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 or powered 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.

SIGNATURAL CONDUCTION OF PICTURED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR SIGNATURE:

561-744-3600 Daytime Phone #