2003 FOR PROFIT CORPORATION

FILED Mar 28, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** P02000067292 **DOCUMENT #** 03-28-2003 90120 038 ***150.00 1. Entity Name CHEAP EDDIE'S AUTO SALVAGE, INC. Principal Place of Business Mailing Address 2699 LEE RD STE 320 2699 LEE RD STE 320 WINTER PARK FL 32789. WINTER PARK FL 32789 3. Mailing Address 2. Principal Place of Business 160E CHECK HERE IF MAKING CHANGES Applied For 4. FEI Number City & State City & State 04-2698885 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name O'NEILL, BERNARD C JR Street Address (P.O. Box Number is Not Acceptable) 2699 LEE RD STE 320 WINTER PARK FL 32789 Zip Code City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Change Addition Delete TITLE TITLE O'NEILL, BERNARD C JR Landers, Edward H. NAME NAME 832 N. Wekiva Springs Road 2699 LEE RD STE 320 STREET ADDRESS STREET ADDRESS WINTER PARK FL 32789 CITY-ST-ZIP CITY-ST-ZIP Apopka FC 32712 TITLE ☐ Delete TITLE Change Addition Landers, Jonathan E. 109 N. Aurora Drive 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 ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition

12. I hereby certify that the information supplied with this filling 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 eath; 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 10 or Block 11 if

CITY-ST-ZIP

NAME STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP