2001 UNIFORM BUSINESS REPORT (UBR)

Feb 28, 2001 8:00 am **DOCUMENT # P39836** Secretary of State QUICK STOP AUTO SHOP, INC. 02-28-2001 90086 020 ***150.00 Principal Place of Business Mailing Address 1109 S. MANNHEIM 1109 S. MANNHEIM LUUUWUUUJ BELLWOOD IL 60104 BELLWOOD IL 60104 U\$ 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 36-3305571 Not Applicable Zip 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 LAMPHEAR, JOAN Street Address (P.O. Box Number is Not Acceptable) 9001 SUN ISLE DRIVE, NE ST PETERSBURG FL 33702 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) 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, 2001 Fee will be \$550.00 Trust Fund Contribution. П 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 (10/00) ☐ Delete ☐ Addition TITLE TITLE Change TAKSAS, RICHARD NAME NAME STREET ADDRESS 17617 FARRELL ROAD STREET ADDRESS CITY-ST-ZIP LOCKPORT IL CITY-ST-ZIP SD ☐ Delete TITLE ☐ Change ☐ Addition TITLE TAKSAS, RHONDA NAME NAME STREET ADDRESS 17617 FARRELL ROAD STREET ADDRESS CITY-ST-ZIP LOCKPORT IL CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 after the like empowered.

SIGNATURE:

- I cal Richard Taksas, Pres

hard Taksas, Pres. 2-20-01 708-547-5252

FILED