(AMENDED)

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 AUG -2 AM 8:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000011432

1. Entity Name

WILDWOOD AUTO REPAIR & WRECKER SERVICE,INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Wildwood, Florida	P.O.Box 645;Wildwood
Suite, Apt. #, etc.: 1190 South Main St.	Suite, Apt. #, etc.:
City & State: Wildwood, Fl. 34785	City & State: Wildwood, Fl. 34785
Zip: 34785 County: Sumter	Zip: 34785 Country: Sumter

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3154442 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Lynda S. Gough

Street Address (P.O. Box Number is Not Acceptable): P.O. Box 645; 1190 S. Main St.

City: Wildwood FL Zip Code: 34785

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when name changed)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PS Gough, Lynda 1190 S. Main Street;Wildwood
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Robert W. Redding 1190 S.Main St. Wildwood, Fl 34785
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST Redding, Julie A. 1190 S. Main St;Wildwood
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Lynda S. Gough 7-31-02 (352)748-1716
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

gs 8/5/02