FILED 2002 UNIFORM BUSINESS REPORT (UBR) Sep 04, 2002 8:00 am Secretary of State P93000007604 DOCUMENT # 1. Entity Name 09-04-2002 90086 021 ***158.75 JON-DEL'S AUTO SERVICE, INC. Principal Place of Business Mailing Address 505 W. DEARBORN ST. 505 W. DEARBORN ST. ENGLEWOOD FL 34223 ENGLEWGOD FL 34223 ARCH MONT ENGLE WOOD 7134223 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0633164 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required ---- 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **BOURCIER, JOHN** Street Address (P.O. Box Number is Not Acceptable) 505 W. DEARBORN ST. ENGLEWOOD FL 34223 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. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 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 September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. ☐ Addition CR2E034 (4/02) TITLE Delete 🎞 🖺 TITLE Change. **BOURCIER, JOHN** NAME STREET ADDRESS 1115 LARCHMONT DR. STREET ADDRESS ENGLEWOOD FL 34223 CITY-ST-ZIF CITY-\$T-ZIP TITLE **VPST** ☐ Delete TITLE ☐ Change ☐ Addition BOURCIER, ADELE NAME NAME 1115 LARCHMONT DR. STREET ADDRESS STREET ADDRESS CITY-ST-7/P ENGLEWOOD FL 34223 CITY-ST-7IP TITLE ☐ Delete TITLE ■ Addition Change NAME NAME: STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 all other like empowered.

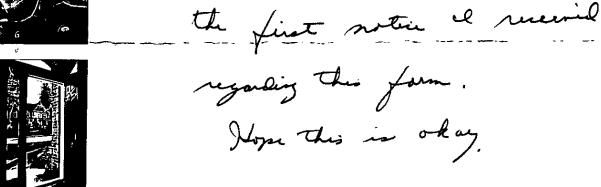
CITY-ST-ZIP

SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP

JOHN BOURCIER Strylow

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