SIGNATURE:

## 2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P93000088749 Feb 20, 2000 8:00 am 1. Entity Name **Secretary of State** JAG REPAIRS, INC. 02-20-2000 90025 038 \*\*\*150.00 Principal Place of Business Mailing Address 2461 N.W. 95TH AVE. 2461 N.W. 95TH AVE. CORAL SPRINGS FL 33065-4925 CORAL SPRINGS FL 33065 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0459556 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LEVINE, BARBARA Street Address (P.O. Box Number is Not Acceptable) 2461 N.W. 95TH AVE. CORAL SPRINGS FL 33065 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change Addition ☐ Delete TITLE TITLE NAME LEVINE, BARBARA NAME STREET ADDRESS STREET ADDRESS 2461 N.W. 95TH AVE. CITY-ST-ZIP CITY-ST-ZIP **CORAL SPRINGS FL 33065** ☐ Addition TITLE ☐ Change PTD □ Delete TITLE NAME LEVINE, MITCHELL NAME STREET ADDRESS STREET ADDRESS 2461 N.W. 95TH AVE. CITY-ST-ZIP CITY-ST-ZIP **CORAL SPRINGS FL 33065** Change ☐ Addition TITLE . . . . . - - 🖸 Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 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 mer like empowered.

DOOR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Daytime Phone