FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

FILED May 22, 2002 8:00 am Secretary of State

DOCUMENT # P94000053804 1. Entity Name GOOD DEAL AUTO BODY, INC.							05-22-2002 90241 004 ***150.00			
	OO NO	OT WRITE	IN THIS S	PAC	:E					·
2. Principal Place of Business 2720 Washington Blvd Suite, Apt. #, etc.			3. Mailing Address 2720 Washington Blvd. Suite Apt. #, etc.			d.	DO NOT WRITE IN THIS SPACE			
	City & State Sarasota, F1		City & State Sarasota, F1				4. FEI Number 59-325 9510			Applied For Not Applicable
Zip 34234		Country Barasota	Zip 34234	Country Sarasota			5. Cert	ficate of Status Desired		\$8.75 Additional Fee Required
7. Name and Address of Current Registered Agent										Agent
DO NOT WRITE IN THIS SPACE					Soledad J. Teodoro Street Address (P.O. Box Number is Not Acceptable) 3409 Woodmont Dr.					
					City S	Sarasota, F1 FL Zip Code 34232				
8. The above	named entity	submits this statement for t	the purpose of changing it	s register	ed office or re	gistere	d agent,	or both, in the State of Fig	orida.	j
SIGNATURE _	Signature, typed or	printed name of registered agent and	d title if applicable. (NO	TE: Registere	d Agent signature	required w	rhen reinsta	ting)	DATE	
Tax filing requirement and elects to do so. (See criteria on back) Afte An Make Check				1 - May 1 Fee is \$150.00 May 1, Fee is \$550.00 ended UBR is \$61.25 Payable to Department of Sta				Election Campaign Fir Trust Fund Contributio		\$5.00 May Be Added to Fees
11.		OFFICERS AND D	RECTORS					*		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME 3409 Woodmont Dr. STREET ADDRESS SATISFIES F1 34232									
TITLE NAME				TITL	į.					}

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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:

CITY-ST-ZIP

Soledad Teodoro

Daytime Phone #