2001 UNIFORM BUSINESS REPORT (UBR) FILED Jan 23, 2001 8:00 am Secretary of State DOCUMENT # P95000031263 1. Entity Name NORTH PALM AUTO TRIM & VAN CONVERSIONS, INC. 01-23-2001 90093 023 ***150.00 Principal Place of Business Mailing Address 1440 10TH CT 1440 10TH CT LAKE PARK FL 33403 LAKE PARK FL 33403 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 65-0571908 Not Applicable Country Zip Zip 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 BLISSICK, EDWARD C JR Street Address (P.O. Box Number is Not Acceptable) 1440 10TH CT LAKE PARK FL 33403 City 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) 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. 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. ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME BLISSICK, EDWARD C JR NAME STREET ADDRESS 1440 10TH CT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE PARK FL 33403 ☐ Delete Change ☐ Addition NAME BLISSICK, GEORGE NAME STREET ADDRESS STREET ADDRESS 3387 BALTUSROL LANE CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH FL ST ~~ TITLE Change 1 ☐ Addition TITLE ☐ Delete NAME MCDONALD, MARY E NAME STREET ADDRESS STREET ADDRESS 4470 FEIVEL RD 32 CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33417 ☐ Addition TITLE ☐ Delete TITI F ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 all other like empowered.

TITLE

NAME

STREET ADDRESS

ETION MODORAL

CITY-ST-7IP

☐ Delete

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition