## 2001 UNIFORM BUSINESS REPORT (UBR) Apr 19, 2001 8:00 am Secretary of State DOCUMENT # P96000095931 1. Entity Name RAY CHILDS AUTO REPAIR SERVICE, INC. 04-19-2001 90016 016 \*\*\*150.00 Principal Place of Business Mailing Address 2101 ORANGE AVE 2101 ORANGE AVE FT PIERCE FL 34950 FT PIERCE FL 34950 2. Principal Place of Business 3. Mailing Address 2203 Opanae JJOJ <u>Orano</u> Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & Stare Applied For 4. FEI Number 65-0724734 Not Applicable \$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 CHILDS, LESLIE R\_ Street Address (P.O. Box Number is Not Acceptable) 3005 TENNESSEE AVENUE FT PIERCE FL 34947 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 (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 DIRECTORS 11. OFFICERS AND 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition NAME CHILDS, LESUE R NAME STREET ADDRESS STREET ADDRESS 3005 TENNESSEE AVE CITY-ST-ZIP CITY-ST-ZIP FT PIERCE FL 34947 TITLE □ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

☐ Delete TITLE ☐ Change ☐ Addition NĀME : NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-\$T-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME

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 supplied ental 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/2001 (561)461-8693