2000 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

85A N BEAL PKWY

DOCUMENT # **P96000099721**

85 N BEAL PKWY

STREET ADDRESS

SIGNATURE:

Principal Place of Business

AMERICAN AUTOMOTIVE PAINT AND SUPPLY, INC.

FT WALTON BEACH FL 32548 FT WALTON BEACH FL 32548 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State Applied For 4. FEI Number City & State 59-3426741 Not Applicable Country \$8.75 Additional Zip Country 5,_Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COLLUM, ARCHIE L JR Street Address (P.O. Box Number is Not Acceptable) 5344 ANTHONY AVE 5301 FOXWOOD RD MILTON FL 32570 Zip Code City 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. DATE (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, 2000 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 OFFICERS AND DIRECTORS 12. CR2E034 (9/99) ☐ Delete TITLE ARCHIE LEE COLLUM JR NAME NAME STREET ADDRESS STREET ADDRESS 5344 ANTHONY AVE CITY-ST-ZIP CITY-ST-ZIP MILTON FL Change ☐ Addition TITLE ☐ Delete TITLE SEC NAME NAME SHARON & COLLUM STREET ADDRESS STREET ADDRESS 5801 FOXWOOD PLD CITY-ST-ZIP CITY-ST-ZIP MILTON-FL 32570 ☐ Change ☐ Addition TITLE □ 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 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE ☐ Addition NAME NAME

STREET ADDRESS

APCHELET COLLUM JR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP 13. Thereby 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.

FILED Feb 29, 2000 8:00 am Secretary of State

02-29-2000 90151 037 ***150.00

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