2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # VUI May 03, 2001 8:00 am Secretary of State SUPERIOR AUTO TRIM, INC 05-03-2001 90995 049 ***150 00 Principal Place of Business Mailing Address 1/685 S.E. HWY301 SAME しりりりひんじり BELLEVIEW, FL 34420 2. Principal Place of Business 3. Mailing Address 11685 S.E HWY 301 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE FLLEVIEW 4. FEI Number City & State Applied For 59-342 5107 Not Applicable 34420 Country **\$8.75** Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent EARL J. Smith Street Address (P.O. Box Number is Not Acceptable) 6236 S.E. GEDRGE ST Zip Code BELLEVIEW, FL 34420 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, 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 \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2001 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PRESIDENT / VICE PRES - Delete ☐ Change ■ Addition TITLE TITLE EARL & Smith NAME STREET ADDRESS BELLEVIEW FC 34420

BELLEVIEW FC 34420

Delete

BELLEVIEW FC 34420 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ~= Addition TITLE Change ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition 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. EARL J. SMITH 4-20-01351245

OFFICER OR DIRECTOR Date Date Discourse Phone #