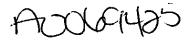
20,00 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

FILED DOCUMENT # P97000019095 Jul 24, 2000 8:00 am Secretary of State 1. Entity Name CHEEK'S REFINISHING & REPAIR, INC. 07-24-2000 90015 020 ***150.00 Principal Place of Business Mailing Address 2616 NE 18TH TERRACE 2616 NE 18TH TERRACE GAINESVILLE FL 32609 GAINESVILLE FL 32609 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FFI Number City & State 59-3083661 Not Applicable Zip Country 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 STAKELY, JAMES O JR Street Address (P.O. Box Number is Not Acceptable) 2616 NE 18TH TERRACE GAINESVILLE FL 32609 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 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 SEPTEMBER 13, 2000 Min, will be \$750.00 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. 11. ☐ Addition ☐ Delete TITLE TITLE STAKELY, JAMES O JR NAME NAME 2616 NE 18TH TERRACE STREET ADDRESS STREET ADDRESS **GAINESVILLE FL 32609** CITY-ST-ZIP CITY-ST-7IP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 his veport as lequired by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if chapter 607, provided by the supplemental report is all or block 12 if the supplemental report is all or block 12 if the supplemental report is all or block 12 if the supplemental report is all or block 12 if the supplemental report is all or block 12 if the supplemental report is all or block 12 if the supplemental report is all or block 12 if the supplemental report is all or block 12 if the supplemental report is all or block 12 if the supplemental report is true and accurate and that my signature shall be supplemental report is true and accurate and that my signature shall be supplemental report is true and accurate and that my signature shall be supplemental report is true and accurate and that my signature shall be supplemental report is true and accurate and that my signature shall be supplemental report is true and accurate and that my signature shall be supplemental report is true and accurate and that my signature shall be supplemental report is true and accurate and the supplemental report is true and accurate and accura of the corporation or the receiver or trustee empower changed, or on an attachment with an address, with

P97000019045





CHEEK'S FURNITURE REFINISHING & REPAIR

2616 N.E. 18th TERRACE GAINESVILLE, FL 32609

352-352-2962

JIM STAKELY, OWNER

FLORIDA DEDT, OC STATE DIVISION OF GRADAMANDA RE: SECOND NOTICE

THIS IS THE ONLY NOTICE OF FILING.

THAVE RECEIVED. I AM SENDING 15000 GUNG

FEE. PLEASE REMOVE PENALTY.

THANK YOUNG