2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000049246** May 21, 2000 8:00 am Secretary of State 1. Entity Name A & S REBUILDERS, INC. 05-21-2000 90009 029 ***150.00 Mailing Address Principal Place of Business 8770 N.W. 14TH ST. 5721 FUNSTON ST HOLLYWOOD FL 33023 PEMBROKE PINES FL 33024-4721 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0758488 Not Applicable \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HARBIN, STEVE E Street Address (P.O. Box Number is Not Acceptable) 8770 N.W. 14TH ST. PEMBROKE PINES FL 33024 Zip Code **3302**4 PemBroke the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity submits this statement of FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. **DPST** ☐ Addition Delete TITLE TITLE HARBIN, STEVE E NAME NAME STREET ADDRESS 8770 N.W. 14TH ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PEMBROKE PINES FL 33024-4721 ☐ Addition ☐ Delete TITLE TITLE STOVE E. HARBIN NAME NAME 8770 NW 14 ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Dem Broke PINES 33024 ☐ Addition ☐ Delete TITLE 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 ☐ Delete TITLE ☐ Change Addition 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

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. E. HARBIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR