2002 UNIFORM BUSINESS REPORT (UBR)

Sy-3455721 Not zero Sy-3455721 Not zero Sy-3455721 Sy-345721 S	DOCUMENT # P97000058682 1. Entity Name SOUTH MARION COLLISION, INC.					Secretary of State 01-16-2002 90201 046 ***150.00			
BELLEVIEW FL 34420 BELLEVIEW FL 34420 BUILT-PIPE ADDRESS Suite, Apt. #. etc. Suite, Apt. #. etc. Suite, Apt. #. etc. Suite, Apt. #. etc. City & State	Principal Plac	ce of Business	Mailing Address						
Sulfe, Apt. #, etc. City & State See Required See Required Street Address of Status Desired See Required AMERILAWYER CHARITERED 343 AUMERIA AVENUE CORAL GABLES FL 33134 City City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) FL Zip Code 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. String Transfer is eligible to salely as Intangible Tax filling requirement and elects to do se. (See criteria on back) FLE NOWIF FEE S 158.0.00 After May 1, 2002 Fee will be \$55.0.00 Make Check Payable to Department of State MAKE IT ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN STREET ADDRESS CITY 51-2P BELLEVIEW FL 34420 Deale MIRACLE, TROY STREET ADDRESS STREET ADDRE				-tWAY 484					
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AMERILAWYER CHARTERED 333 ALMERIA AVENUE CORAL GABLES FL 33134 City FL Zp Code City FL Zp	Zip 増	Country	Zip	Country	5. C	ertificate of Status Desired	\$8.75 Ac	ditional	
AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134 City FL Zip Code 6. 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 Signature Signature Signature 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and effects to do so. (See criteria on back) Signature 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and effects to do so. (See criteria on back) Make Check Payable to Department of State MIRACLE, MITCHELL T 100 SOUTHEAST HIGHWAY 484 BELLEVIEW FL 34420 Delete MIRACLE, TROY SIRET ADDRESS S	j	6. Name and Address of Current R	egistered Agent		7. N	ame and Address of New Registere	ed Agent		
SIGNATURE 9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS INTERT ADDRESS INTEST-7P INTER MAKE SITEST ADDRESS INTEST-7P INTER MAKE SITEST ADDRESS INTEST-7P INTERET ADDRESS INTEST-7P INTER MAKE SITEST ADDRESS INTEST-7P INTER MAK	343 ALME	eria avenue							
8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. SIGNATURE Sommune typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when remetating) DATE	COMAL GABLES PL 33134			City	Zip Code				
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SIGNATUPMITCHERLIFT MIRACLE SIGNATURE:

1-7-02 352-245-8740
Date Daytime Phone #