2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P97000064419 May 16, 2000 8:00 am Secretary of State HIGH PERFORMANCE AUTOMOTIVE PAINT TECHNOLOGY, INC. 05-16-2000 90801 018 ***158.75 Mailing Address Principal Place of Business 3025 N OLD DIXIE HWY 3025 N OLD DIXIE HWY DELRAY BEACH FL 33483-6240 **DELRAY BEACH FL 33483** M ひひまず上丁生 2. Principal Place of Business 3025 N. Old Dixie How DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number 65-0770341 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DAVIS, RANDALL L 3025 N OLD DIXIE HWY **DELRAY BEACH FL 33483** submits this statement for the purpose of changing its registered office or registered The above named entity 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 /1 OFFICERS AND DIRECTORS (12. 11. JAMIE LAUTER (middle intigl.) Change tPresiDent PTD TITLE Delete NAME DAVIS, RANDALL LEE 4210 ROYAI PAIN Beh Blud STREET ADDRESS STREET ADDRESS 321 SOUTHWEST 7 AVENUE Valm Beh. FL. 33411 CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BEACH FL 33435** VICE president adle intral A.) ☐ Change TITLE ☐ Delete TITLE NAME aio Royal Palm Boh. Blue. NAME STREET ADDRESS STREET ADDRESS Palm Boh. FL. 33411 CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Delete TITLE NAME NAME 4210 ROYAL Palvo STREET ADDRESS STREET ADDRESS Royal Palm Boh. FL. 33411 CITY-ST-ZIF CITY-ST-ZIP ☐ Change Addition ☐ Defete TITLE TITLE 罗马克尔 医克克氏管外侧侧线 NAME NAME STREET ADDRESS STREET ADDRESS Lord William St. Oak CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change ☐ Addition □ Delete TITLE TITLE

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 of thustee 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 empower Jamie L. Lauter

CITY-ST-ZIP

NAME STREET ADDRESS

NAME

STREET ADDRESS

CITY-ST-ZIP

AND TYPED OR PRINTED NAME

CR2E034 (9/99)