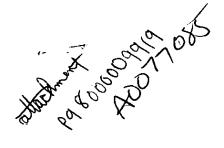
2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

DOCUMENT # P98000009919 Sep 12, 2000 8:00 am Secretary of State 1. Entity Name MCW REPAIR SERVICE, INC. 09-12-2000 90150 016 ***150.00 Mailing Address Principal Place of Business 131 OAK LANE 3280 S. ATLANTIC ORMOND BEACH FL 32174 C-13 DAYTONA BEACH FL 32118 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-3498226 Not Applicable Zip Country 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 ROSKAMP, KELLY Street Address (P.O. Box Number is Not Acceptable) 131 OAK LN **ORMOND BEACH FL 32174** Zip Code 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 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 11. OFFICERS AND DIRECTORS 12. ☐ Delete TITLE ☐ Change ☐ Addition TITL F ROSKAMP, MARK NAME NAME **131 OAK LN** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **ORMOND BEACH FL 32174** CITY-ST-ZIP Addition TITLE ☐ Change ☐ Delete TITLE ROSKAMP, KELLY NAME STREET ADDRESS STREET ADDRESS 131 OAK LN CITY-ST-7IP CITY-ST-ZIP ORMOND BEACH FL 32174 ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition TITI F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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



MCW REPAIR SERVICE, INC.

3280 C-13 S. Atlantic Ave. ♦ Daytona Beach Shores, FL 32118 Phone (904) 673-7836 ♦ Fax (904) 673-3808

September 11, 2000

Division of Corporations Uniform Business Report Filings P.O. Box 1500 Tallahassee, FL 32302-1500

To whom it may concern:

I would like to ask for the late fee to be dropped because I did not get the first notice & I only got the 2nd notice about a month ago. I had changed my address last year and had the same problem. I would appreciate any help in this matter. My day time phone number is (904) 527-9808.

Sincerely,

Kelly Roskamp