2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000017709 May 15, 2000 8:00 am Secretary of State RAAM TRUCK REPAIR & PARTS, INC. 05-15-2000 90256 005 ***150.00 , , Mailing Address Principal Place of Business 367 WILLIAMS POINT BLVD. 367 WILLIAMS POINT BLVD. COCOA FL 32927-4801 COCOA FL 32926 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3534466 Not Applicable _Country Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HARRACK, PATRICK Street Address (P.O. Box Number is Not Acceptable) 367 WILLIAMS POINT BLVD. COCOA FL 32926 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 DATE Signature, typed or printed name of registered agent and title it applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible \$5.00 May Be 10. Election Campaign Financing 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 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change ☐ Addition TITLE ☐ Delete TITLE HARRACK, PATRICK NAME NAME STREET ADDRESS 367 WILLIAMS POINT BLVD. STREET ADDRESS CITY-ST-ZIP **COCOA FL 32926** CITY-ST-7IP STD ☐ Addition ☐ Change ☐ Delete TITLE TITLE HARRACK, JULIET NAME 367 WILLIAMS POINT BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **COCOA FL 32926** CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

Juliet Horrock

127/00 321-632

Daytime Phone #