2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P98000026377 **DOCUMENT #**



FILED Mar 17, 2003 8:00 am Secretary of State 03-17-2003 90662 003 ***150.00

NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete Delete TITLE Delete Delete TITLE Delete Delete TITLE Delete TITLE Delete TITLE Delete TITLE Delete TITLE Delete TITLE Delete Delete TITLE Delete Delete TITLE Delete Delete TITLE Delete	NO-SHOW INTERIOR REPAIR, INC.							03-17-2003 \$	70002 00.	3 ~~ 130	.00	
Suito, Apt. 4, etc. Suito, Apt. 4, etc. Suito, Apt. 4, etc. Check HERE IF MAKING CHANGES City & State A. FEI Number 59-3497858 Applied For Next Applicable Replicable Replicable Zp	6702 N. NAVIN	AVE.	6702 N.	6702 N. NAVIN AVE.								
City & State Ci	2. Principal Pla	ace of Business	3. Mailin	3. Mailing Address					QQAN QAND IIQ	 	B)) (08) (04)	
Section Sect	Suite, Apt. #	#, etc.	Suite,	Suite, Apt. #, etc.				· CHECK HERE IF	MAKING	CHANGES		
S. Name and Address of Current Registered Agent April 2. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City Ci	City & State		City &	City & State			4. F	FEI Number 59-3497958		No	t Applicable	
LAPENE, WILLIAM 5702 N. NAVIN AVE. TAMPA FL 33604 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 Fiorida. Lam familier with, and accept the object of registered agent and title applicable. 9. Election Campaign Financing	Zip			to partie the Note.	Coun	•	-	<u>i ja itsimaa kiritti ja lii.</u>	<u> </u>	ee Require		ļ.
LAPENE, WILLIAM 6702 N. NAVIN AVE. TAMPA FL 33804 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 Rorida. I am familier with, and accept the obligations of registered agent. SIGNATURE Signature, yeard or orner name of registered agent and the flagorisable Charge Addition		6. Name and Address of Currer	t Registered	Agent		Name	7. N	Name and Address of New Re	gistered A	jent		l
City FL Zip Code	LAPENE, WILLIAM						s (P.O. B	iox Number is Not Acceptable)				
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. I am familiar with, and accept the obligations of registered agent. SignaTure		/										
THE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Cleck Payable to Florida Department of State 10. OFFICERS AND DIRECTORS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP ADDITIONALY CHANGES CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP ADDITIONALY CHANGES CITY-ST-ZIP CITY-ST-ZIP ADDITIONALY CHANGES CITY-ST-ZIP CITY-ST-ZIP ADDITIONALY CHANGES CITY-ST-ZIP CITY-ST-ZIP ADDITIONALY CHANGES CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP ADDITIONALY CHANGES CITY-ST-ZIP						City	·	· · · · · · · · · · · · · · · · · · ·	FL	Zip Code	€	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE LAPENE, WILLIAM STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP MAME MAME STREET ADDRESS CITY-ST-ZIP MAME MAME STREET ADDRESS CITY-ST-ZIP MAME MAME MAME STREET ADDRESS CITY-ST-ZIP MAME MAME MAME MAME MAME MAME MAME MAM			for the purpos	se of changing its r	egistere	ed office or regist	tered ag	ent, or both, in the State of Flori	ida. I am fa	miliar with,	and accept	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS TITLE NAME SIREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME NAME STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2	SIGNATURE -	Signature, typed or printed name of registered age	nt and title if applic	able. (NOTE:	Registere	d Agent signature requi	ired when re	ainstating)	DATE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS C	After May 1, 2003 Fee will be \$550.00											
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME NAME TITLE NAME NAME NAME NAME NAME NAME NAME NAM					11.		AD	DITIONS/CHANGES TO OFFICE	CERS AND	DIRECTOR	S IN, 11	İ
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM	TITLE NAME STREET ADDRESS	D LAPENE, WILLIAM 6702 N. NAVIN AVE.	<u> </u>		TITLI NAM STRE	E Et address					☐ Addition	(40/00)
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM	NAME STREET ADDRESS	To the same of the	ند بدار المعصيد ، معاقب	Delete	nam Stre	E ET ADDRESS	towing a	، در پد محمد کار و سب		☐ Change	Addition)
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME	NAME STREET ADDRESS			☐ Delete	NAM STRE	E ET ADDRESS				☐ Change	☐ Addition	
NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE NAME NAME	NAME STREET ADDRESS			☐ Delete	NAM STRE	ET ADDRESS				☐ Change	Addition	
NAME NAME	NAME STREET ADDRESS			□ Delete	NAM STRE	ET ADDRESS				☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information	NAME STREET ADDRESS CITY-ST-ZIP				NAM STRE CITY	EET ADDRESS - ST-ZIP		440 07(0V) Cultura			Addition	

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.