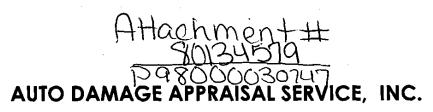
CR2E034 (4/03)

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT/(UBR)

Jul 30, 2003 8:00 am Secretary of State DOCUMENT # P98000030747 07-30-2003 90072 022 ***150.00 1. Entity Name AUTO DAMAGE APPRAISAL SERVICE, INC. Principal Place of Business Mailing Address 3846 SAN SIMEON CIRCLE 3846 SAN SIMEON CIRCLE WESTON FL 33331 WESTON FL 33331 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. T CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 65-0823031 Not Applicable 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 CRISH, WILLIAM G Street Address (P.O. Box Number is Not Acceptable) 3846 SAN SIMEON CIRCLE WESTON FL 33331 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE ☐ Addition Delete CRISH, WILLIAM G SR NAME NAME 3846 SAN SIMEON CIRCLE STREET ADDRESS STREET ADDRESS WESTON FL 33331 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7(P TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition Delete TITLE ☐ Channe NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 10 or Block 11 if



3846 SAN SIMEON CIRCLE WESTON, FL. 33331 954-389-7309 (fax) 954-389-7373

Division of Corporations Uniform Business Report Filings P.O. Box 1500 TALLAHASSEE Fl 32302-1500

July 22, 2003

Dear Sir or Madam:

RE: UNIFORM BUSINESS REPORT - P98000030747

With reference to the above account my Accountant and I have searched the whole prior year for the Uniform Business Report form and cannot see where it was received. This is the first notice I have received. Please consider waiving the \$400 fee by accepting my check for \$150.

If you have any problems please do not hesitate to contact me on the above number. Thank you for your assistance in the matter.

Yours faithfully

WILLIAM G CRISH President