

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90082 012 ***150.00

DOCUMENT # P98000048526
1. Entity Name
**OLD FASHIONED AUTO SERVICE & HIGH PERFORMANCE, I
NC.**

Principal Place of Business	Mailing Address
508 A SUNSHINE BLVD LEHIGH ACRES FL 33971	508 A SUNSHINE BLVD LEHIGH ACRES FL 33971

2. Principal Place of Business 1209 Homestead Rd N Suite, Apt. #, etc. #1		3. Mailing Address 1209 Homestead Rd N Suite, Apt. #, etc. #1	
City & State Lehigh Acres FL		City & State Lehigh Acres FL	
Zip 33936	Country USA	Zip 33936	Country USA

DO NOT WRITE IN THIS SPACE	
4. FEI Number 65-0843817	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCANLON, JANICE L
— 3715 TARECO ST
— FT MYERS FL 33905

7. Name and Address of New Registered Agent		
Name		
Street Address (P.O. Box Number is Not Acceptable)		
1209 Homestead Rd N		
#1		
City	FL	Zip Code
Lehigh Acres		33936

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 JANICE L. SCANLON Janice L. Scanlon 1-19-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<p>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/></p>	<p align="center">FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State</p>	<p>10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SCANLON, HUGH C 508 A SUNSHINE BLVD LEHIGH ACRES FL 33971 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SCANLON, JANICE 508 A SUNSHINE BLVD LEHIGH ACRES FL 33971 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3715 Tareco St. Ft Myers fl 33905
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3715 Tareco St ft myers fl 33905
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: ✓ Janice Scanlon president 1-19-02 941-693-6460
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #