2000 UNIFORM BUSINESS REPORT (UBR)

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

FILED DOCUMENT # P98000106434 Apr 19, 2000 8:00 am Secretary of State 1. Entity Name IVEY'S REPAIR SHOP, INC. 04-19-2000 90086 005 ***150.00 Principal Place of Business Mailing Address 31804 PROGRESS RD 31804 PROGRESS RD LEESBURG FL 34748-8781 LEESBURG FL 34748 2. Principal Place of Business 3. Mailing Address 31904 PROGRESS Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc City & State Applied For 4. FEI Number City & State 59-3546873 Not Applicable Leesburg heesbun Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Lake Fee Required 34744 hake 4748 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Thomas J Tuev Street Address (P.O. Box Number is Not Acceptable) IVEY, THOMAS J 31804 PROGRESS RD LEESBURG FL 34748 PROGRESS Rol 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS · 🔲 Addition CR2E034 (9/99) TITI F ☐ Change Delete TITLE SHEDD: CLIFFORD M NAME NAME STREET ADDRESS STREET ADDRESS 5109 MORTIER AVE CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32812 ☐ Addition ☐ Change TITLE TITLE SHEDD, EMMAGENE NAME STREET ADDRESS STREET ADDRESS 5109 MORTIER AVE CITY-ST-7IP CITY-ST-ZIP ORLANDO FL 32812 PTD ----☐ Change ■ Addition ☐ Delete TITLE TITLE IVEY, THOMAS J NAME NAME 1035 HIGHLAND ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LADY LAKE FL 32159 CITY-ST-ZIP TITLE Change Addition TITLE ☐ Delete IVEY, THOMAS NAME STREET ADDRESS STREET ADDRESS 1035 HIGHLAND ST CITY-ST-ZIP CITY-ST-ZIP LADY LAKE FL 32159 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition Change Delete TITI F 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

4- 11-00 Date