2000 UNIFORM BUSINESS REPORT (UBR)

4/.

DOCUMENT # P 990000 46779

1. Entity Name

A - WINDOW TINT SHOP INC

Principal Place of Business	Mailing Address
SUIT- E 4065 L-B-McLEOD ORL FLA 32811	SUITE-E 4065-L-B-McLEOD ORL FLA 32811

2. Principal Place of Business	3. Mailing Address
4065 LB McLEOD	4065 LB McLEOD

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.	Suite, Apt. #, etc.
SUITE - E	SUITE - E

City & State	City & State
ORL FLA	ORL FLA

4. FEI Number 59-3610495 — Applied For / Not Applicable

Zip	Country	Zip	Country
32811	USA	32811	USA

5. Certificate of Status Desired [X] $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
D W WONG SUITE E 4065 LB McLEOD ORL FLA 32811	Name D W WONG Street Address (P.O. Box Number is Not Acceptable) SUITE E 4065 LB McLEOD City ORL FL Zip Code 32811

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 _____ 4-05-00 DATE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00 After MAY 1, 2000 Fee will be $550.00 Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P/C/D NAME MARY WILBURN STREET ADDRESS 165 PARK DR CITY-ST-ZIP CARROLLTON GA 30117	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE V/P/D NAME DARRON HYMES STREET ADDRESS A 4·1922 S. CONWAY CITY-ST-ZIP ORL FLA 32812	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE T/S/D NAME D·WI WONG STREET ADDRESS SUITE-E 4065 LB McLEOD CITY-ST-ZIP ORL FLA 32811	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Delete)	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D NAME RAYMOND TOWELS STREET ADDRESS 4380 L-B-McLEOD CITY-ST-ZIP ORL FLA 32811	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/99)

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: _____ 04-05-00 401 291-2699

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR → | Date | Daytime Phone #