DOCUMENT # P99000053026 **FILED** Jan 08, 2001 8:00 am Secretary of State CONTOUR AUTO BODY, INC. 01-08-2001 90049 008 ***150.00 Principal Place of Business Mailing Address 1865 S. POWERLINE RD., STE. E 1865 S. POWERLINE RD., STE, E DEERFIELD BEACH FL 33442 DEERFIELD BEACH FL 33442 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0930440 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MONACO, ROBERT ZOTTA, MARTA Street Address (P.O. Box Number is Not Acceptable) 1865 S. POWER LINE D 1865 S. POWERLINE RD., STE. E DEERFIELD BEACH FL 33442 City DEERFIELD BEACH 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 ROBERT MONACO ST SIGNATURE . 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. (10/00) Delete Change Addition TITLE TITLE PRESIDENT MONACO, ROBERT JR 1645 S. POWERLINE RO 25 ZOTTA, MARTA NAME NAME ε STREET ADDRESS CR2E034 STREET ADDRESS 1865 S. POWERLINE RD., STE, E CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BEACH FL 33442 DEERFIELD BEACH 33442 Addition TITLE ☐ Delete TITLE Sled Ziewski, Richard NAME NAME E 1845 S. POWERLINE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY - ST - ZIP DEERFIELD BEACH Addition ☐ Change TITLE ☐ Delete TITLE WERESKI, C.J. NAME 1845 S, POWER LINE RO E STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 33442 CITY-ST-ZIP DEERfield BEACH, FL ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: