2002 UNIFORM BUSINESS REPORT (UBR)

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

FILED Mar 05, 2002 8:00 am secretary of State **DOCUMENT #** P99000063208 1. Entity Name 03-05-2002 90091 032 ***150.00 YELLOW AUTO SERVICE, INC. Mailing Address Principal Place of Business 1397 NW 65TH AVE 1397 NW 65TH AVE. PLANTATION FL 33313 PLANTATION FL 33313 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FÉI Number City & State 65-0938316 Not Applicable \$8.75 Additional Country Zip Zip Country 5. Certificate of Status Desired ee.Bequired≔ 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BRADSHAW JANET MUNDLE, CARLTON 5 Street Address (P.O. Box Number is Not Acceptable) 8107 NW 21ST ST. Aye 65ⁿ 1397 NW SUNRISE FL 33322 DLANTATION 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 DATE (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, 2002 Fee will be \$550.00 Trust Fund Contribution. dded to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Addition TITI F Change ☐ Delete TITLE NAME NAME MUNDLE, CARLTON 8107 NW 21ST ST. STREET ADDRESS STREET ADDRESS SUNRISE FL 33322 CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE TANET TITLE NAME DRES 14 NAME STREET ADDRESS STREET ADDRESS 333,3 CITY-ST-ZIP CITY-ST-7IP Change Addition Delete= TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP [7] Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE 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

Daytime Phone #