2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 29, 2000 8:00 am Secretary of State **DOCUMENT # S67166** 1. Entity Name M.T. AUTOBODY INCORPORATED 03-29-2000 90059 004 ***150.00 Principal Place of Business Mailing Address 12330 49TH ST N. 12330 49TH ST N. CLEARWATER FL 33762-4308 CLEARWATER FL 34622 O A O V V I 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3086162 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 Name TACKLEY, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 12330 49TH ST N. **CLEARWATER FL 34622** City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 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. Atter MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS ND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (9/99) PST ☐ Change ☐ Addition TITLE TITLE ☐ Delete TACKLEY, MICHAEL NAME NAME STREET ADDRESS 12330 49TH ST N. STREET ADDRESS CITY - ST - ZIP CLEARWATER FL CITY-ST-71P Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME

13. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IF

TITLE

NAME STREET ADDRESS

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

Michael Hall Michael Tackley
SIGNATURE AND TYPED OR PRINTED DAME OF SIGNING OFFICER OR DIRECTOR

Delete

3/23/00

727 572 430

Daytime Phone #

Change

Addition