

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

02-13-2002 90123 016 ****50.00

DOCUMENT # L99000001350

1. Entity Name

AUTO CARE CENTER FO RED ROAD, LLC

Principal Place of Business

**943 CLINT MOORE ROAD
 BOCA RATON FL 33487**

Mailing Address

**943 CLINT MOORE ROAD
 BOCA RATON FL 33487**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0902322

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BERSON, GERALD S
 943 CLINT MOORE ROAD
 BOCA RATON FL 33487**

7. Name and Address of New Registered Agent

Name **MARTIN P. HEISE**
 Street Address (P.O. Box Number is Not Acceptable) **943 CLINT MOORE RD.**
 City **BOCA RATON** FL Zip Code **33487**

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

[Handwritten Signature]

1-25-02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS / MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	BERSON, GERALD S	
STREET ADDRESS	943 CLINT MOORE ROAD	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	HEISE, MARTIN P	
STREET ADDRESS	943 CLINT MOORE ROAD	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS / CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

[Handwritten Signature]

SA-997-0045

1-25-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)