

2001 UNIFORM BUSINESS REPORT (UBR)

0016215 AF

DOCUMENT # L99000001351
 1. Entity Name
AUTO CARE CENTER OF SOUTHERN BOULEVARD, LLC

FILED

01 FEB 13 AM 11:14

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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

3. Mailing Address
 Suite, Apt. #, etc.
 City & State

4. FEI Number **65-0902357** **APPLIED FOR**
 Applied For
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State**

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

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

Change Addition
**900003708919--1
 -02/13/01--01016--024
 *****50.00 *****50.00**

TITLE Delete
**MGRM
 HEISE, MARTIN P
 943 CLINT MOORE ROAD
 BOCA RATON FL 33487**

Change Addition

TITLE Delete

Change Addition

TITLE Delete

Change Addition

TITLE Delete

Change Addition

TITLE Delete

Change Addition

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: *[Signature]* **RECORDED** *1/31/01* *5619970045*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (1/1/00)