

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N41847

FILED
Mar 28, 2003
Secretary of State

Entity Name: PINE AVENUE CAR CARE CENTER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2124 S. PINE AVENUE
OCALA, FL 34474

New Principal Place of Business:

Current Mailing Address:

2124 S. PINE AVENUE
OCALA, FL 34474

New Mailing Address:

FEI Number: 59-3111120

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WACHTER, KIMBERLY
2124 S. PINE AVENUE
OCALA, FL 34474

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HEMMINGER, TODD
Address: 2100 S. PINE AVE
City-St-Zip: Ocala, FL 34474

Title: TSD () Delete
Name: WACHTER, KIMBERLY
Address: 2100 S. PINE AVE
City-St-Zip: Ocala, FL 34474

Title: D () Delete
Name: EBERT, SCOTT
Address: 2100 SOUTH PINE AVE
City-St-Zip: Ocala, FL 34474

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIMBERLY A. WACHTER

TSD

03/28/2003

Electronic Signature of Signing Officer or Director

_____ Date