2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P02000089076 DOCUMENT

1. Entity Name



Feb 10, 2003 8:00 am Secretary of State 02-10-2003 90447 038 ***150.00

FILED

TNT AUTO BODY REPAIR, INC.

Principal Place of Business 601 BILL FRANCE BLVD APT 1505 DAYTONA BEACH FL 32114

Mailing Address

601 BILL FRANCE BLVD APT 1505 DAYTONA BEACH FL 32114

			3. Mailing Address							
601BillFranceBlvd			601 Bill France Blvd							
Suite App #, etc.			Suite, (pt.)#, etc.				CHECK HERE IF MAKING CHANGES			
City & State			City & State				El Number ,	Apr	olied For	
Daistona Blach, FL.			Daintona Brach FL				<u></u>	_ 	Applicable	
Zip	Country	Zip	2	Country		5. C	Certificate of Status Desired	8.75 Addi	tional	
<u> 39 11</u>	4 05	_ 3	2114	<u> </u>			F(ee Required		
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name										
·				Ivaille	\Box	α	nes Omsio			
OCASIO,			Street Address (P			P.O. Box Number is Not Acceptable)				
601 BILL FRANCE BLVD APT 1505										
DAYTONA BEACH FL 32114 WI BILL France Blvd Opt 708										
City Door 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. I am familiar with, and accept										
the obligation Mr registers agent										
1 Manual - Thomas Ocasio-President										
SIGNANDE										
₩ _	ILE NOW!!! FEE IS \$150.00					1				
	May 1, 2003 Fee will be \$550.00					9. Election Campaign Financing		Мау Ве		
	Payable to Florida Department of					Trust Fund Contribution.	. Added	to Fees		
10.	OFFICERS AND E	IRECTO	RS	11.		ADO	DITIONS/CHANGES TO OFFICERS AND E	DIRECTORS	IN 11	
TITLE	D		☐ Delete	TITLE	P			Change	☐ Addition	
NAME	OCASIO, TOM			NAME	CCA	910	o. Thomas		Ì	
STREET ADDRESS	601 BILL FRANCE BLVD APT 1505	5		STREET ADDRESS	1001	$\widetilde{\mathcal{B}}$	o. Thomas	- 708		
CITY-ST-ZIP	DAYTONA BEACH FL 32114			CITY-ST-ZIP	777	TT	DITCH TOCKETY, FC. DOLL	<u> </u>	_	
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STREET ADDRESS	-			STREET ADDRESS	GOV	B: I	1 France Blvd apt 708			
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CITY-ST-ZIP				CITY-ST-ZIP						
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12. 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 of truestee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attac with an address, with all other like empowered

SIGNATURE