

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90044 028 ***150.00

DOCUMENT # P96000084024

1. Entity Name
CERTIFIED AUTOMOTIVE REPAIR, INC.

00047073



DO NOT WRITE IN THIS SPACE

Principal Place of Business
2155 ANDREA LANE
UNIT #C-1
FORT MYERS FL 33912
US

Mailing Address
2155 ANDREA LANE
UNIT #C-1
FORT MYERS FL 33912
US

2. Principal Place of Business
2217 Andrea lane
 Suite, Apt. #, etc.

3. Mailing Address
2217 Andrea lane
 Suite, Apt. #, etc.

City & State
Ft Myers, FL

City & State
Ftmyers, FL

4. FEI Number **65-0708761**
 Applied For
 Not Applicable

Zip **33912** Country **Lee**

Zip **33912** Country **Lee**

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ESPOSITO, RICKY J
9284 OAK BRIDGE COURT
FORT MYERS FL 33912

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D <input type="checkbox"/> Delete
NAME	ESPOSITO, RICKY J
STREET ADDRESS	9284 OAK BRIDGE COURT
CITY-ST-ZIP	FORT MYERS FL 33912
TITLE	D <input type="checkbox"/> Delete
NAME	ESPOSITO, CHRISTINE A
STREET ADDRESS	9284 OAK BRIDGE COURT
CITY-ST-ZIP	FORT MYERS FL 33912
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	

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	

13. 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 or trustee empowered to execute the 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 another like one covered.

SIGNATURE: *[Signature]* Sec. 3-5-02 941-482-4048
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)