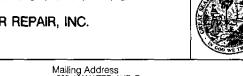
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

P97000018435 DOCUMENT #

1. Entity Name
KYLE'S TRANSMISSION & CAR REPAIR, INC.



Principal Place of Business 925 MANATEE AVE E BRADENTON FL 34208 US		Mailing Address 925 MANATEE AVE E BRADENTON FL 34208 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
	6. Name and Address of Cu	urrent Registered Agent	
Dann, Phili	D W		Name
DANNY, FRILIN			Street Address (

FILED May 02, 2003 8:00 am Secretary of State

05-02-2003 90087 001 ***150.00



DATE

DANN, PHILIP W 516-17TH AVENUE-WEST	Street Address (P.O. Box Number is Not Acceptable)	is Not Acceptable)	
BRADENTON FL 32405	City FL	Zip Code	
8. The above named entity submits this statement for the purpose of changing its registere	d office or registered agent, or both, in the State of Florida. I am far	miliar with, and accept	

the obligations of registered agent.

(NOTE: Registered Agent signature required when reinstating)

9	FILE NOW!!! FEE IS \$150.00
•	After May 1, 2003 Fee will be \$550.00
Make	Check Payable to Florida Department of State

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

SIGNATURE

9. Election Campaign Financing

Trust Fund Contribution.

\$5.00 May Be Added to Fees

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE ☐ Addition Robertson, Kyle G NAMÉ . NAME 3607 6TH AVENUE W **STREET ADDRESS** STREET ADDRESS PALMETTO FL 34221 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change . ☐ Addition ROBERTSON, CAROL E NAME NAME 3607 6TH AVE W STREET ADDRESS STREET ADDRESS PALMETTO FL 34221 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Delete TIJLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete THILE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 or trustee 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 attachment

SIGNATURE: