

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000092348

**Entity Name:** M COMPLETE AUTO REPAIR, INC.

**Current Principal Place of Business:**

4411 NORTH LOIS AVE.  
TAMPA, FL 33614

**FILED**  
**Jan 13, 2014**  
**Secretary of State**  
**CC8769602080**

**Current Mailing Address:**

4411 NORTH LOIS AVE.  
TAMPA, FL 33614

**FEI Number: 20-0223428**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

ZUPPELLI, JAMES DP  
4411 NORTH LOIS AV  
TAMPA, FL 33614 US

*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

**Officer/Director Detail :**

Title	PT	Title	VS
Name	ZUPPELLI, JAMES	Name	LAMONTE, MICHAEL
Address	4411 NORTH LOIS AVE.	Address	4411 NORTH LOIS AVE
City-State-Zip:	TAMPA FL 33614	City-State-Zip:	TAMPA FL 33614

*I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: JAMES ZUPPELLI**

**PRESIDENT**

**01/13/2014**

Electronic Signature of Signing Officer/Director Detail

Date