

FILED
Aug 04, 2003 8:00 am
Secretary of State

08-04-2003 90144 016 ***550.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 592104			
1. Entity Name NATIONWIDE AUTO REPAIR CENTER, INC.			
Principal Place of Business 2582 HAAS AVENUE CLEARWATER, FL 33763		Mailing Address 2582 HAAS AVENUE CLEARWATER, FL 33763	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-1870247		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PEREZ, PEDRO 2582 HAAS AVENUE CLEARWATER, FL 33763		7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <i>Pedro Perez</i> DATE 7-31-03 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when re-appointing)			
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			
TITLE	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	PEREZ, MARTA	NAME	
STREET ADDRESS	80 KENDRA WAY, #918	STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR, FL	CITY-ST-ZIP	
TITLE	VP ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	PEREZ, PEDRO	NAME	
STREET ADDRESS	80 KENDRA WAY, #918	STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR, FL	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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)(1), 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 with an address, with all other like empowered.			
SIGNATURE: <i>Pedro Perez</i>		Date 7-31-03 727 796008	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

10110735

☐ CHECK HERE IF MAKING CHANGES

CR0304 (10/02)

(727)-796-2208