

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

FILED
Apr 28, 2002 8:00 am
Secretary of State

04-28-2002 90576 002 ***150.00

DOCUMENT # **F26500** ✓

1. Entity Name

FOREIGN & DOMESTIC AUTO REPAIR INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1140 N.E. DIXIE HWY

3. Mailing Address

P.O. BOX 670

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

JENSEN Bch

City & State

JENSEN Bch FL

4. FEI Number

59-2096280

Applied For

Not Applicable

Zip **34957**

Country **MARTIN**

Zip **34958-0670**

Country **MARTIN**

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Mitchell Coyle

Street Address (P.O. Box Number is Not Acceptable)

2287 N.E. 16th Ct

City

JENSEN Bch

FL

Zip Code

34957

**DO NOT WRITE
IN THIS SPACE**

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

Mitchell Coyle

4/10/02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P MITCHELL COYLE 2287 N.E. 16th Ct JENSEN Bch FL 34957 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP & T JOANNE COYLE 2287 N.E. 16th Ct JENSEN Bch FL 34957 |
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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 this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: **Mitchell Coyle** **PRESIDENT**

4/10/02 **722 3341252**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)