

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90165 046 ***150.00

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DOCUMENT # F26506

1. Entity Name

FOREIGN AND DOMESTIC AUTO REPAIR, INC.



Principal Place of Business

**1140 NE DIXIE HWY
C/O MITCHELL L COYLE
JENSEN BEACH FL 34957**

Mailing Address

**P.O. BOX 670
JENSEN BEACH FL 34958**

2. Principal Place of Business

3. Mailing Address

1140 NE DIXIE HWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jensen Bch FL

4. FEI Number

59-2096280

Applied For

Not Applicable

Zip

Country

34957 MARTIN

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**COYLE, MITCHELL L
2287 N.E. 16TH CT
JENSEN BEACH FL 34957**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/13/03

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **COYLE, MITCHELL L**
STREET ADDRESS **1140 NE DIXIE HWY**
CITY-ST-ZIP **JENSEN Bch FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SEC** ☐ Delete
NAME **COYLE, JOANNE**
STREET ADDRESS **1140 NE DIXIE HWY**
CITY-ST-ZIP **JENSEN Bch FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Bishop** ☐ Delete
NAME **DAVID VP**
STREET ADDRESS **1140 NE DIXIE HWY**
CITY-ST-ZIP **JENSEN Bch FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
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 with an address, with all other fee empowered.

SIGNATURE:

Michelle Coyle
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/03 772-232-2668

Date

Daytime Phone #

CR2E034 (10/02)