

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

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90150 022 \*\*\*150.00

DOCUMENT # H45149

1. Entity Name

Repairs, Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

5790-30<sup>th</sup> Av. No.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 47671

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

St. Petersburg, FL

City & State

St. Petersburg, FL

4. FEI Number

59-2646238

Applied For

Not Applicable

Zip

33710

Country

Pinellas

Zip

33743

Country

Pinellas

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Banks, F.N.

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

6080-80<sup>th</sup> St. No. #315

City

St. Petersburg

FL

Zip Code

33709

**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

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 **DP**  
NAME Banks, Timothy M.  
STREET ADDRESS 5790-30<sup>th</sup> Av. No.  
CITY-ST-ZIP St. Petersburg, FL 33710

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Timothy M. Banks/04-25-02/345-9663

Date

Daytime Phone #

CR2E034B (12/01)