2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # K58460								FILED Feb 25, 2002 8:00 am Secretary of State						
1. Entity Nan	ne	IICAL REPAIR OF P	_) .			ì				01 S		!	
Principal Place 10140 STEVE P.O. BOX 57 POLK CITY I	7		Mailing Address 10140 STEVEB DR. P.O. BOX 577 POLK CITY FL 33868				1 111 1				81311 BIPH 31		 	
2. Principal F	Place of Busin	ess	3. Mailing Address											
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE							
City & Stat	te		City & State			4. FI	El Number	59-2922	2626			Applied Fo		
Zip Country			Zip	itry	5. Certificate of Status Desired S8.75 Addition Fee Required									
	—-6 Name	and Address of Current Re	gistered Agent		Name	7,N	ame and A	ddress of N	ew Reg	stered	Agent			
SMITH, DARRYL W. 10140 STEVEN DR.						Street Address (P.O. Box Number is Not-Acceptable)								
POLK CITY FL 33868								· · · · · · · · · · · · · · · · · · ·						
					City			#14		FL	Zip C	ode		
8. The above	named entity	submits this statement for the	ne purpose of changing its	register	t ed office or regis	stered age	ent, or both,	in the State	of Florid	a.	,l			
SIGNATURE	Signature, typed o	or printed name of registered agent and	title if applicable. (NOTI	: Registere	d Agent signature requ	uired when rein	nstating)		2	DATE	102			
Tax filing	-	ole to satisfy its Intangible nd elects to do so.	FILE NOW! After May 1, 20 Make Check Payat	02 Fee	will be \$550.0			on Campaig Fund Contrit		oing E		.00 May l		
11.		OFFICERS AND DI	RECTORS	12.		ADD	DITIONS/CH	ANGES TO	OFFICE	RS AND	DIRECTO	RS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PV SMITH, DARRYL W. 10140 STEVEN DR. POLK CITY FL						☐ Change ☐ Add						uoiti CR2E034 (9/01)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	10140 STI	SMITH, DARRYL W. 10140 STEVEN DR				Change					e 🗌 Ado	dition 8		
TITLE NAME STREET ADDRESS CITY-SJ-ZIP			☐ Delete								☐ Chang	e , □ Ado	lition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Celete								☐ Change	e 🗌 Add	lition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete								☐ Chang	e □ Add	lition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	li .							☐ Change	e ☐ Add	ition	
 I hereby of indicated of the corchanged, 	certify that the on this report poration or the or on an attac	information supplied with th or supplemental report is true receiver or trustee empowe chment with an address, with	is filing does not qualify for ue and accurate and that me ered to e ecute this report all other like empowered.	the exer ny signat as requir	nption stated in ure shall have the ed by Chapter 6	Section 11 ne same le 307, Florida	19.07(3)(i), l gal effect a a Statutes; a	lorida Statu s if made un and that my i	tes. I fur der oath name ap	ther cer ; that I a pears in	tify that the am an offic n Block 11	information er or direct or Block 1:	n or 2 if	