

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # K76323**

1. Entity Name

TEDDY'S DOOR PARTS & SERVICE, INC.FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JUL -9 PM 12:03

C0071452

DO NOT WRITE IN THIS SPACE

Principal Place of Business 21 N.E. 44TH STREET P. O. BOX 370812 MIAMI FL 33137		Mailing Address 21 N.E. 44TH STREET P. O. BOX 370812 MIAMI FL 33137		4. FEI Number 65-0115054		Applied For <input type="checkbox"/> Not Applicable	
2. Principal Place of Business		3. Mailing Address		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent TURNER, THEODORE 21 N.E. 44TH STREET MIAMI FL 33137				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.							
SIGNATURE DATE April 12 01							
(NOTE: Registered Agent signature required when reinstating)							
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TURNER, THEODORE 21 N.E. 44TH STREET MIAMI FL			TITLE NAME STREET ADDRESS CITY-ST-ZIP			
	<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
	<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
	<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
	<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
	<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 Block 12 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE				Date June 30 2001			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #			

JCF2E034 (10/00)

This report was Mailed
April 13 2001

Where it has been
Since Then - I Don't
Know Maybe in your
Office OR MISPLACED
By Some one Else

THANK
You

TEDDY'S DOOR SERVICE

21 N.E. 44th STREET

P.O. BOX 812

MIAMI, FL 33137

576-4911