

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2003 8:00 am**  
**Secretary of State**

01-23-2003 90080 027 \*\*\*150.00

**DOCUMENT # K81215**

1. Entity Name  
**TRU-TEC AUTO & ALIGNMENT, INC.**



Principal Place of Business  
**% KEVIN BECKER**  
**1947 N.W. 55TH AVENUE**  
**MARGATE FL 33063**

Mailing Address  
**% KEVIN BECKER**  
**1947 N.W. 55TH AVENUE**  
**MARGATE FL 33063**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc:

Suite, Apt. #, etc:

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0112089**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~BECKER KEVIN~~  
~~9031 NW 21ST CT~~  
~~CORAL SPRINGS FL 33071~~

Name **BECKER KEVIN**  
Street Address (P.O. Box Number is Not Acceptable)

**6872 Dogwood LN**

City **MARGATE**

FL

Zip Code **33063**

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

(NOTE: Registered Agent signature required when reinstating)

**1/20/03**

**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 **BECKER, KEVIN**  
STREET ADDRESS **10140 NW 24TH ST**  
CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE **P** ☒ Change ☐ Addition  
NAME **BECKER, KEVIN**  
STREET ADDRESS **6872 Dogwood LN**  
CITY-ST-ZIP **MARGATE, FL 33063**

TITLE **VP** ☒ Delete  
NAME **FACTERMAN, MICHAEL S**  
STREET ADDRESS **1920 NW 107TH TERRACE**  
CITY-ST-ZIP **CORAL SPRINGS FL**

TITLE **VP** ☒ Change ☐ Addition  
NAME **FACTERMAN, MICHAEL S**  
STREET ADDRESS **7358 MARBELLA ECHO DR**  
CITY-ST-ZIP **DELRAY BEACH FL 33446**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 like empowered.

SIGNATURE **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/20/03**

**954 968-0000**

CR2E034 (10/02)