

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000003366

1. Entity Name  
UNIQUE MOTOR CARE, LLC

FILED

2001 APR 20 AM 11:24

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
2600 NORTH FEDERAL HIGHWAY  
LIGHTHOUSE POINT FL 33064

Mailing Address  
2600 NORTH FEDERAL HIGHWAY  
LIGHTHOUSE POINT FL 33064

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 65-0998611 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ST. GEORGE, MARY BETH  
2600 NORTH FEDERAL HIGHWAY  
LIGHTHOUSE POINT FL 33064

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR  
NAME ST. GEORGE, PETER  
STREET ADDRESS 2600 NORTH FEDERAL HIGHWAY  
CITY-ST-ZIP LIGHTHOUSE POINT FL 33064

TITLE  
NAME  
STREET ADDRESS 21464 Summertrace Circle  
CITY-ST-ZIP Boca Raton, FL 33428

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGR  
NAME St. George, Mary Beth  
STREET ADDRESS 21464 Summertrace Circle  
CITY-ST-ZIP Boca Raton, FL 33428

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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STREET ADDRESS -04/27/01--01082--025  
CITY-ST-ZIP \*\*\*\*\*50.00 \*\*\*\*\*50.00

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CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*Mary Beth St. George*

Mary Beth St. George Mgr 4/11/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

954-786-9333

Daytime Phone #

CR2E083 (11/00)