

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000003366

1. Entity Name

UNIQUE MOTOR CARE, LLC

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

4. FEI Number

65-0998611

Applied For

Not Applicable

Zip

Country

Zip

Country

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  
Due By May 1, 2002

## 9. MANAGING MEMBERS/MANAGERS

## 10.

## ADDITIONS/CHANGES

|  |   |                                 |  |   |
|--|---|---------------------------------|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>ST. GEORGE, PETER<br>21464 SUMMERTRACE CIRCLE<br>BOCA RATON FL 33428     | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>ST. GEORGE, MARY BETH<br>21464 SUMMERTRACE CIRCLE<br>BOCA RATON FL 33428 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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.

Mary Beth St. George  
Manager  
UNIQUE MOTOR CARE, LLC

SIGNATURE:

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

March 6, 2002

561-479-4153

Date

Daytime Phone #

CR2E083 (9/01)