

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000003510

1. Entity Name

D N A PAINT & AUTO L.L.C.

Principal Place of Business

1735 FOUR MILE ROAD
ST. AUGUSTINE FL 32095

Mailing Address

1735 FOUR MILE ROAD 487 Horace Ave
ST. AUGUSTINE FL 32095 32084

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

4. FEI Number

Applied For
 Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

TAYLOR, JAMES D
1735 FOUR MILE ROAD 487 Horace
ST. AUGUSTINE FL 32095

7. Name and Address of New Registered Agent

Name JAMES D TAYLOR

Street Address (P.O. Box Number is Not Acceptable)
487 HORACE AVE

City ST AUGUSTINE

FL Zip Code 32084

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 Delete
NAME *mag* Owner/Operator
STREET ADDRESS J. Dean Taylor
CITY-ST-ZIP 487 Horace Ave
St. Augustine, FL 32084

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE Delete
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Change Addition

TITLE Delete
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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: *James D Taylor*

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

Date

Daytime Phone #

CR25083 (11/00)

2/8/00
AT