

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000003510

1. Entity Name

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

FILED

01 APR 23 PM 4:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Country

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

7. Name and Address of New Registered Agent

TAYLOR, JAMES D

1735 FOUR MILE ROAD 487 Horace  
ST. AUGUSTINE FL 32095

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

TITLE  
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CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
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:

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

Date

Daytime Phone #

CR2E083 (11/00)