

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L01000015016

1. Entity Name

UNIVERSITY PARK AUTO SPA LLC

FILED

02 MAY 14 PM 4:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

c/o Donald Wilborn

Suite, Apt. #, etc.

1515 N. Federal Hwy.

City & State

Boca Raton, Florida

Zip
33432

Country

3. Mailing Address

c/o Donald Wilborn

Suite, Apt. #, etc.

1515 N. Federal Hwy.

City & State

Boca Raton

Zip
33432

Country

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired **XX**

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

NRAI SERVICES, INC.

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

526 E. Park Ave.

City

Tallahassee, FL

FL

Zip Code
32301

**DO NOT WRITE
IN THIS SPACE**

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.

DATE

FEE IS \$50.00

Make Check Payable to Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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MGR

WILBORN, DONALD

1515 Federal Highway

Boca Raton, Florida 33432

**DO NOT WRITE
IN THIS SPACE**

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*******58.75 *****55.00**

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: *Sue Jacobson*

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

(941) 365-0550

Date

Daytime Phone #

SUE A. JACOBSON, Authorized Representative

CR2E083B (12/01)