2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L02000011955

Name:

Title:

Name:

Address:

City-St-Zip:

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City-St-Zip:

() Delete

Entity Name: TAMPA AUTO SERVICE, LLC

FILED Apr 25, 2003 Secretary of State

CHRISTIEN, MIREILLE C MGRM

CHRISTIEN, ROBERT H MGRM

TEMPLE TERRACE, FL 336172435 US

TEMPLE TERRACE, FL 336172435 US

() Change (X) Addition

04/25/2003

6313 S.QUEENSWAY DR

6313 S.QUEENSWAY DR

MGRM

Current Principal Place of Business: New Principal Place of Business: 6313 SOUTH QUEENSWAY DRIVE TEMPLE TERRACE, FL 33617 **Current Mailing Address: New Mailing Address:** POST OFFICE BOX 16548 TAMPA, FL 336876548 FEI Number: 71-0888085 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NEUKAMM, JOHN B NEUKAMM, JOHN B 100 SOUTH ASHLEY DRIVE, SUITE 1500 101 EAST KENNEDY BLVD TAMPA, FL 33602 SUITE 3140 TAMPA, FL 336025151 US 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: 04/25/2003 Electronic Signature of Registered Agent Date **MANAGING MEMBERS/MEMBERS:** ADDITIONS/CHANGES: () Delete MGRM () Change (X) Addition CHRISTIEN, ANNE-MARIE C MGRM Name: Name: Address: Address: 6313 S.QUEENSWAY DR City-St-Zip: City-St-Zip: TEMPLE TERRACE, FL 336172435 US Title: Title: MGRM () Change (X) Addition () Delete Name: Name: CHRISTIEN, ROSELYNE V MGRM Address: Address: 6313 S.QUEENSWAY DR City-St-Zip: City-St-Zip: TEMPLE TERRACE, FL 336172435 US Title: () Delete Title: MGRM () Change (X) Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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.

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

SIGNATURE: ANNE-MARIE CHRISTIEN MGRM