2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000018491

1. Entity Name
M R INTERNATIONAL AUTO REPAIR, LLC

FILED
03 OCT -2 PM 2:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
3700 FIFTH AVENUE NORTH ST PETERSBURG, FL 33713	3700 FIFTH AVENUE NORTH ST PETERSBURG, FL 33713

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
		5408 St James Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: New Port Richey, FL	
Zip	Country	Zip: 34652	Country: USA

4. FEI Number: 51-0429464 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

RUSIECKI, MAREK
4012 YARDLY AVENUE NORTH
33713TERSBURG, FL FL

7. Name and Address of New Registered Agent

Name: Kelly Drew
Street Address (P.O. Box Number is Not Acceptable): 5408 St James Drive
City: New Port Richey FL Zip Code: 34652

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Kelly L Drew, Kelly L Drew, Accountant 9-13-03
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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	☐ Delete	TITLE	Manging Member	☑ Change ☐ Addition
NAME	RUSIECKI, MAREK		NAME	Rusiecki, Marek	
STREET ADDRESS	3700 FIFTH AVENUE NORTH		STREET ADDRESS	3700 5TH Ave North	
CITY-ST-ZIP	ST PETERSBURG, FL 33713		CITY-ST-ZIP	St Petersburg, FL 33713	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME	200023512192	
STREET ADDRESS			STREET ADDRESS	10/02/03--01033--028 **55.00	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Rusiecki M 9-15-03 (727) 816-8847
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)