2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

2618 PETERS ST.

PALATKA FL 32177

DOCUMENT # L90009

1. Entity Name

2618 PETERS ST.

PALATKA FL 32177

Principal Place of Business

MARK ROBBINS RADIATOR AND AUTO AIR, INC.



FILED Jan 17, 2003 8:00 am Secretary of State

01-17-2003 90086 046 ***150.00

90004655



2. Principal Place of Business			3. Mailing Address				I BIRIK GIBIK BIRIK GIRI	81811 81811 1881	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & Sta	ate		City & State			4. FEI Number 59-3021178	 	Applied For	
Zip	Country		Zip	Country	į	5. Certificate of Status Desired	¢9.75 .	dditional	
6. Name and Address of Current Registered Agent					7	7. Name and Address of New Regist			
ROBBINS, MARK				Name	Name				
2618 PETERS ST				Street A	ddress (P.O). Box Number is Not Acceptable)			
PALATKA FL 32017									
The above named entity submits this statement for the purpose of changing its the obligations of registered agent.				City			FL Zip Cod		
the obliga	tions of registered agen	inis statement for the t.	purpose of changing its	registered office or	registered	agent, or both, in the State of Florida.	I am familiar with	, and accept	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
	ILE NOWILL EEE 10	6150.00			or required wild	in temperature)	JAIE	<u> </u>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State				ا د گاهای میشون کارس	ارچه محدد «مدید»	9. Election Campaign Financin Trust Fund Contribution.	9 \$5. € Adde	00 May Be	
10.		OFFICERS AND DIREC	CTORS	11.			AND DIDECTOR	0.11.44	
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12. I hereby ce	ertify that the information	supplied with this file	an door not qualify for the						

or the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information by signature hall have the same legal effect as if made under oath; that I am an officer or director as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if indicated on this report or supplemental report is true and accurate and that of the corporation or the receiver or trustee empowered to execute this report changed, or on an attachment with an address with all other like or powered.

SIGNATURE:/ SIGNATURE AND TYPED OR PAINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #