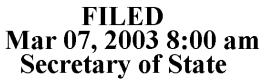
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) DOCUMENT # M56730



1. Entity Name MAD HATTER MUFFLER OF MONROE COUNTY INC.						03-07-2003 90075 047 ***150.00		
Principal Pl. 10051 NW 1 MIAMI FL 3	· · · · · · · · · · · · · · · ·	Mailing Address 10051 NW 7TH AVE MIAMI FL 33150					ad ir afdel d ight afart dia	((r. 818))
2. Principal	I Place of Business	3. Mailing Addr	ress		_			
Suite, Apt. #, etc.		Suite, Apt. #, etc.				U CHECK HERE IE	MAKING CHANGS	-0
City & St.	ate	City & State			4.	4. FEI Number 65-0034898 Applied For		
Zip Country		Zip	Zip Countr		5.	Certificate of Status Desired	□ \$8.75 A	
	6. Name and Address of Curre	ent Registered Agent		1		Name and Address of New Day	Fee Requ	ired
				Name		Name and Address of New Reg	istered Agent	·
DOYLE, KEVIN L								
5211 SW	57TH STREET	- ~	Street Address		s (P.O	Box Number-is-Not-Acceptable)=		
DAVIE FI	L 33314							
•			City		<u>_</u> _		FL Zip Co	ode
8. The above the obligations of the statement of the stat	e named entity submits this statemen ations of registered agent.	t for the purpose of cha	anging its register	ed office or regis	tered a	gent, or both, in the State of Florio	a. I am familiar with	h, and accept
SIGNATURE	Signature, typed or printed name of registrated at	and the it and the it				MARCO	4 5,200 DATE	3_
~ _		ent and title if applicable.	(NOTE: Registere	d Agent signature requ	ired when	reinstating)	DATE	
- Afte	FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.0 ok Payable to Florida Department	of State				Election Campaign Finan Trust Fund Contribution.		00 May Be ed to Fees
10.	OFFICERS AN	ID DIRECTORS	11.		Δ1		DE AND DIBECTO	DO (N. 44
TITLE	V	□ De				BBITTONO/CHANGES TO OFFICE	Change	
NAME	PEARL, STEVEN		NAMI	I				☐ Addition
STREET ADDRESS	2420 DIANA DRIVE #406		. STRE	ET ADDRESS				
CITY-ST-ZIP	HALLANDALE FL 33009		CITY	-ST-ZIP				
TITLE	SD DOVIE BYAN T	☐ De	elete TITLE				☐ Change	☐ Addition
NAME STREET ADDRESS	DOYLE, RYAN T. 10051 N.W. 7TH AVE		NAME	·				
CITY-ST-ZIP	MIAMI FL 33150			ET ADDRESS			II.	
TITLE	P			ST-ZIP				
NAME	DOYLE, KEVIN L	☐ De		ı			☐ Change	☐ Addition
STREET ADDRESS	10051 NW 7 AVE	-~	NAME	T ADDRESS				
CITY-ST-ZIP	MIAMI FL 33150			ST-ZIP			~ ~~~ ~~~~	
TITLE	-	□ De		-				
NAME			NAME.	İ			☐ Change	☐ Addition
STREET ADDRESS				T ADDRESS				J
CITY-ST-ZIP		_	CITY-	ST-ZIP				J
TITLE		☐ Del	ete TITLE				Change	Addition
NAME			NAME	ļ				
STREET ADDRESS CITY-ST-ZIP	•			T ADDRESS				
			CITY-S	ST-ZIP	_			
TITLE NAME		Dek					☐ Change	☐ Addition
NAME STREET ADDRESS			NAME				J	1
DITY-ST-ZIP				ADDRESS				
	artify that the inferences	de Maria (CI)	CITY-S	_				
indicated	ertify that the information supplied wi on this report or supplemental report	a uns ming does not quis true and accurate an	uality for the exem	ption stated in S	ection	119.07(3)(i), Florida Statutes. I furt	her certify that the i	nformation

ed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if