

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000001498

1. Entity Name

PROFESSIONAL REPAIR INDUSTRY DIAGNOSTIC EXPERTS

Principal Place of Business

211 BLANDING BLVD  
ORANGE PARK FL 32073  
US

Mailing Address

211 BLANDING BLVD  
ORANGE PARK FL 32073  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3167421

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FERRAN, MIKE  
5552 BEACH BLVD  
JACKSONVILLE FL 32207

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE	VSD	<input type="checkbox"/> Delete
NAME	MIZELLE, ROBERT	
STREET ADDRESS	181 LIBRARY RD	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BILLINGS, BRIAN	
STREET ADDRESS	211 BLANDING BLVD	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	PCD	<input type="checkbox"/> Delete
NAME	FERRAN, MIKE	
STREET ADDRESS	5552 BEACH BLVD	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Brian Billings REQUIRED

5/1/01

904269-0864

FILED  
May 15, 2001 8:00 am  
Secretary of State

05-15-2001 90128 031 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)