## 2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # N95000004972

IOUNINVIS AUTO & TRUCK SERVICE INC

**FILED** May 21, 2003 8:00 am § Secretary of State 05-21-2003 90192 044 \*\*\*\*70.00

Size Machine Place of Business 25 FLE MARKHAM Street 1005 Sealor Stree	JUNINY	S AUTO & THUCK SERVICE,	1140-						
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Suite, Apt. 6, etc.    CHECK HERE IF MAKING CHANGES			3. Mailing Address	\ <del>-</del>					
Process of Country   Zip   Country   St. Certificate of Status Desired   St. St. Additional Fee Required   St. St. St. Additiona			Suite, Apt. #, etc.			☐ CHE	CK HERE IF MAK	ING CHANGES	
Senter Address of Current Registered Agent  Street Address of Status Desired   Sent Regularid   Sent Regular	City & Blate City & S  City & State  City & S  City & S		City & State	ty & State		4. FEI Number 59-3342043		<b>/</b> ─	
S. Name and Address of Current Registered Agent    Name			Zip	Country		5. Certificate of Status	Desired	\$8.75 Add	ditional d
BENNEFIELD, JOHNNY 5291 COLLINS RD #186 JACKSONVILLE FL 32244  City FL Zip Code  6. 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 ternilar with, and accept the chilipatons of registered agent.  SIGNATURE  FILE NOW: FEE IS 561.25  9. Election Compaign Financing Trust Fund Contribution.  FILE NOW: FEE IS 561.25  9. Election Compaign Financing Added to Fees  FILE NOW: FEE IS 561.25  11. ADDITIONS/CHANSES TO OFFICERS AND DIRECTORS IN 10  ITILE  DP Holde Trust Fund Contribution.  DS OFFICERS AND DIRECTORS IN 11.  ADDITIONS/CHANSES TO OFFICERS AND DIRECTORS IN 10  TILE  DS OFFICERS AND DIRECTORS IN 11.  DS OFFICERS AND DIRECTORS IN 11.  ADDITIONS/CHANSES TO OFFICERS AND DIRECTORS IN 10  TILE  DS OFFICERS AND DIRECTORS IN 10  DS OFFICERS AND DIR			Registered Agent			7. Name and Addres	s of New Register	ed Agent	
SIGNATURE  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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature, typool or periadriume of registered agent and tale if applicable.   PACTE Registered Agent expression of Pacific I. Tam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of Florida agent agent and tale if applicable.      SIGNATURE   Signature typeol or periadrium erregistered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of Florida agent agent and tale if applicable.				N	ame				
8. The above named onlify 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  SIGNATUR	5291 CO	LLINS RD #186		St	reet Address (	P.O. Box Number is Not	Acceptable)		
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   Signature	JACKSUI	NVILLE FL 32244		C	ity			Zip Cod	е
SIGNATURE    Signature typed or protect frame of registered agent and title if applicable.   NOTE: Registered Agent reginature received when reinable (note)   DATE	, •		the second state of the					<del>-</del> 1	
FILE NOW: FEE IS \$61.25  P. Election Campaign Financing Added to Fees Ad	the obliga	e named entity submits this statement to tions of registered agent.	r the purpose of changing t	its registered of	tice or register	red agent, or both, in the	State of Florida. T	am tamiliar witn,	and accept
FILE NOW: FEE IS \$61.25  P. Election Campaign Financing Added to Fees Ad	SIGNATURE								ĺ
Trust Fund Contribution.   Added to Fees   Florida Department of State    10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE   DP	15	Signature, typed or printed name of registered agent a	and title if applicable. (NO	OTE: Registered Age	nt signature required	d when reinstating)	DA	TE	
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12. I hereby certify that the information supplied with this filling 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:**