## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT #**

P00000023212

1. Entity Name

BUMPERS DEPOT, INC.



FILED Jan 27, 2003 8:00 am Secretary of State

01-27-2003 90222 048 \*\*\*150.00

Principal Place of Business	

17430 N.W. 62ND AVENUE PALM SPRING NORTH FL 33015 Mailing Address

17430 N.W. 82ND AVENUE PALM SPRING NORTH FL 33015

O Deimainal D	Name of Divisional	2 Mailine Addward				<b>                                </b>	
77	Place of Business 04 NIW 76 Ave.	3. Mailing Address	1.W. 76	Ar			
Suite, Apt.		Suite, Apt. #, etc.			CHECK HERE	IF MAKING CHANGES	;
City & Stat	edley, FL	City & State	FL		4. FEI Number 65-0993926		pplied For ot Applicable
3316	66 USA	33166	-cours A		5. Certificate of Status Desired	Fee Require	
	6. Name and Address of Current I	Registered Agent			7. Name and Address of New R	egistered Agent	
			Name	Ma	ada ada Id	Milia	
MILIAN, MEDARDO M			Street A	Address (P.O. Box Number is Not Acceptable)			
17430 N.W. 82ND AVENUE				7704 N.W. 1611ve			
PALM SPI	RING NORTH FL 33015						
City Me				dley FL Zip 33 166			
	named entity submits this statement for ions of registered agent	the purpose of changing its r	registered office or	registere	ed agent, of both, in the State of Flo	rida. I am familiar with	, and accept
:	20/1/2010	Meller	_		1	1-17-6	<b>13</b>
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE:	: Registered Agent signate	re required	when reinstating)	DATE	<u> </u>
F	ILE NOW!!! FEE IS \$150.00	<del>/</del>					
	May 1, 2003 Fee will be \$550.00				Election Campaign Fin Trust Fund Contribution		00 May Be
Make Check	Payable to Florida Department of	State			Trust Fund Contribution	1. L Adde	d to Fees
10.	OFFICERS AND I	DIRECTORS	11.		ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTOR	RS IN 11
TITLE	PSD	Delete	TITLE	PS		🙇 Change	Addition
NAME	MILIAN, MEDARDO M		NAME	Me	dardo M. Mili 14 N.W. 76th	ax	
STREET ADDRESS	17430 N.W. 82ND AVENUE		STREET ADDRESS	776	14 N.W. 76th	. Ave.	· ·
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STREET ADDRESS CITY-ST-7IP			STREET ADDRESS				

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 607, 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.