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

## FILED Feb 24, 2003 8:00 am Secretary of State

DOCUM	MENT # P0000	0027055	ATHE STA	02-24-2003 90	235 038 ***150.00	
DOCUMENT # P0000027955  1. Entity Name EDDY SERVICE & REPAIR, INC.						
Principal Place of Business  -8520 S. W. 133 AVE. #322  -MAMI Pt. 33183  Malling Address -8520 S. W. 133 AVE. #322  MIAMI Pt. 33183						
0.5	· · · · · · · · · · · · · · · · · · ·					
2. Principal Place of Business 6/20 5, W. 92 AUE: 3. Mailing Address 5AME.				. I SENSIENT LIS DORIN BENIE WRITE LESSY ZEWY. N	IND CLUTH LABOR LATEL GLISH SHIF 1994	
Suite, Apt. #, etc. Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State City & State				4. FEI Number 65-0995486	Applied For	
Zip 3.3-17	Country	Zip	Country	5.7 Certificate of Status Desired	Not Applicable \$8.75 Additional	
	.6. Name and Address of Current R	legistered Agent			Fee Hequired	
Name						
Perdomo, edilio 8520 S. W. 133 Ave.,#322			Street Address (	Street Address (P.O. Box Number is Not Acceptable)		
MIAMI FL 33	3183				""	
• ,		<u> </u>	City	F		
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, typed or printed name of registered egent and title 1 applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  FILE NOW!!! FEE IS \$150.00						
After M	lay 1, 2003 Fee will be \$550.00 ayable to Florida Department of S			<ol> <li>Election Campaign Financing Trust Fund Contribution.</li> </ol>	\$5.00 May Be Added to Fees	
10.	OFFICERS AND D	<u> </u>	11.	ADDITIONS/CHANGES TO OFFICERS AN	1.222.10.100	
TITLE D		☐ Delete	TITLE	;		
STREET ADDRESS 8	ERDOMO, EDILIO 520 S. W. 133 AVE.,#322	,	NAME STREET ADORESS		☐ Change ☐ Addition ☐ Change ☐ Addition ☐ Change ☐ Addition ☐ Change ☐ Addition ☐ Change ☐ Change ☐ Addition ☐ Change ☐	
CITY-ST-ZIP M	IAMI FL 33183		CITY-ST-ZIP	·		
NAME	ž.	☐ Delete	TITLE NAME		☐ Change ☐ Addition { 🛱	
- STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS	-		
TITLE.	, , , , , , , , , , , , , , , , , , , ,	Delete -	CITY-ST-ZIP		Change Addition	
STREET ADDRESS			NAME STREET ADDRESS	- And the second of the second		
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE NAME	•	☐ Defete	TITLE		☐ Change ☐ Addition	
STREET ADDRESS			NAME Street address			
CITY-ST-ZIP TITLE			CITY-ST-ZIP			
NAME		☐ Delete	TITLE NAME		☐ Change ☐ Addition	
STREET ADDRESS CITY-ST-ZIP	·		STREET ADDRESS CITY-ST-ZIP			
TITLE		☐ Delete	TITLE	,	☐ Change ☐ Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS			
CITY-ST-ZIP			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 truefee expowered to execute this report as required by Chaptel 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if						
	REED APPLATUR				ı	