

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90246 029 ***150.00

DOCUMENT # *000000041858*
1. Entity Name *Family Auto Service Center, Inc.*



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business *2370 NW 30th CT*
Suite, Apt. #, etc.

3. Mailing Address *2210 W. Oakland Park Blvd.*
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State *Oakland Park, FL*
Zip *33311*

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4. FEI Number *65-1071827*
Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name *Mark C. Pancello*
Street Address (P.O. Box Number is Not Acceptable) *2210 W. Oakland Park Blvd.*
City *Oakland Park* FL Zip Code *33311*

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: _____ (NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Mark C. Pancello</i> <i>2210 W. Oakland Park Blvd.</i> <i>Oakland Park FL 33311</i>
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *2/19/03*

Daytime Phone #

CR2E034B (12/02)