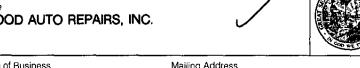
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

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DOCUM	1ENT	#	P	000	00	OC	47	18	0

1. Entity Name

UNDERHOOD AUTO REPAIRS, INC.





Principal Place of Business 5005 NORTH HALE AVE TAMPA FL 33614		Mailing Address 5005 NORTH HALE AVE TAMPA FL 33614			11						
2. Principal Place of Business		3. Malling Address					I ac iik bib		10111 13 11 1801		
Suite, Apt. #, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & Stat	e	City & State			4.	FEI Number 59-364797.7		·- 	plied For t Applicable		
Zip	Country	Country Zip Count			try	5.	Certificate of Status Desired		8.75 Add	litional	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
					Name						
ODRIA, JAVIER			ļ	Street Address (P.O. Box Number is Not Acceptable)							
5005 NORTH HALE AVE TAMPA FL 33625											
				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. I am familiar with, and accept the obligations of registered agent. 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 \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS			1 11,		Δ	Election Campaign Financin Trust Fund Contribution. DDITIONS/CHANGES TO OFFICER:		Added	May Be to Fees		
TITLE, NAME STREET ADDRESS CITY-ST-ZIP	D CARVAJAL, FERNANDO 5005 NORTH HALE AVENUE TAMPA FL 33614	,	☐ Delete	TITLE NAME STREI	ſ		DDITIONO/OF ANALES TO OFFICE IN		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ODRIA, JAVIER 5005 NORTH HALE AVENUE TAMPA FL 33614	· · · · · · · · · · · · · · · · · · ·	☐ Delete	•		-	-	Ε	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARVAJAL, RAQUEL M 5005 NORTH HALE AVENUE TAMPA FL 33614		☐ Delete						☐ Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete					Γ	☐ Change	Addition	
TITLE NAME STREET ADDRESS			Delete	TITLE NAME STREE					Change	☐ Addition	

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.

SIGNATURE:

878-2036

Attachment# 90141423

July 7, 2003

Underhood Auto Repair, Inc. 5005 No. Hale Ave Tampa, FL 33614

Florida Dept of State
Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Uniform Business Report

Document#P00000047180

Per our phone conversation, I just received the second notice for payment which I thought had been paid already. The reason why payment was not made by May 1, 2003, is that I was ill and was out of the office for a while and my husband misplaced the notice.

We have always paid on time, please help me with this. I am enclosing a check in the amount of \$150.00.

If you need to contact me you can reach me at 813-878-2036.

Again I thank you for your help in wavering the extra fee as we are a small company and that amount is significant to us.

Sincerely,

Raquel M. Carvajal

Laguel M. Carvafal

Director