2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P00000056364

IN HOUSE REPAIR SERVICE COMPANY



FILED Apr 07, 2003 8:00 am Secretary of State
04-07-2003 90166 039 ***158.75

Suite, Apt # etc. Suite, Apt # etc. Suite, Apt # etc. City & State City & State City & State City & State Country Top Country So, Certificate of Status Desired A FEI Number 65-1019405 Applicable For Fee Required FETTERMAN, JAMES C ESO. 4, SEE RIDGE ROAD Suite Address of Current Registered Agent To Name and Address of New Registered Agent FETTERMAN, JAMES C ESO. 4, SEE RIDGE ROAD Suite A SARASOTA FL 34233 B. The above ramed entity submits this signment for the purpose of changing its registered agent, or both, in his State of Fords. I am femiliar with, and acceptative or displaced agent or displaced agent. FILE WOW!!! FEE I \$150.00 Make Chieck Payable to Fords Department of State 10. OFFICERS AND DIRECTORS ITLE WP Delite TITLE WRASSOTA FL 34238 CITY ST 30P TITLE WRASSOTA FL 34238 TITLE WRASSO	Principal Place of Business Mailing Address 2633 LEAFY LANE 2633 LEAFY LANE SARASOTA FL 34239 SARASOTA FL 34239											
City & State City & State Desired Repetited Agent Name Street Address (P.O. Box Number is Not Acceptable) FL Zip Code City FL	2. Principal F	Place of Busin	ess	3. Ma	Mailing Address				18841884	EIII BŅIEI BIII	(0 1 210 0 11210 1	
Country	Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
See Address of Current Registered Agent 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address of Portion In the State of Fordat In a raillar with and accept the outgitators of registered agent. SIGNATURE City FL Zip Code SIGNATURE City Ci	City & State				City & State				FEI Number 65-1019405		_ 	
Name	Zip	Countrý			- Zip Co			5. (Certificate of Status Desired		8.75 Add	itional
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable in Interest Inte		6. Name	ed Agent			7. N	Name and Address of New Reg	istered Ag	gent			
SUITE A SARASOTA FL 34233 X 8. The above named entity submits this eighement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent agreed agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent agreed agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent agreed agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent agreed agent agreed agent agreed agent agreed agent or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent agreed agent agreed agent agreed agent agreed agent or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent agreed agent agreed 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 property of the state of Florida. I am familiar with, and accept the property of the proper	FETTERMAN, JAMES C ESQ.											
B. The above named entity submits this signment for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE												
SIGNATURE Signature required agent and title if applicable. (NOTE: Registered Agent aignstature required when retriation) DATE FILE NOW!!! FEE IS \$150.00	SARASOTA FL 34233						City			FL	Zip Code	•
TILE NOWIE FEE IS \$150.00 After Mgy 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE NAME DALY, DAVID BASI LEAFY LANE SARASOTA FL 34239 TILE NAME STREET ADDRESS CITY S1-2PP TILE SARASOTA FE 34239 TI	the obligations of registered agent.											
Atter May 1, 2003 Fee will be \$550.00 Added to Fees 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DALY, DAVID	SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE VP LE CLAIR, DANIEL SARASOTA FL 34239	After May 1, 2003 Fee will be \$550.00											
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indicated on this report or supplemental feport 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 my address, with a other like appowered.

SIGNATURE:

R. LE CLAIR