

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000065346	
1. Entity Name CLINT'S MOBILE REPAIRS INC	
Principal Place of Business 802 Raven Cir. Altamonte Spgs Fl 32714	Mailing Address 802 Raven Cir. Altamonte Spgs Fl 32714
2. Principal Place of Business 206 Perth Ct Suite, Apt. #, etc.	3. Mailing Address 206 Perth Ct Suite, Apt. #, etc.
City & State Winter Spgs Fl	City & State Winter Spgs Fl
Zip 32708	Country
Zip 32708	Country
6. Name and Address of Current Registered Agent Bradford, Chester C Jr 802 Raven Cir. Altamonte Spgs Fl 32714	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 206 Perth Ct City Winter Spgs FL Zip Code 32708	

FILED
01 JUN 13 PM 3:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5/10/01 90/70/016 \$150.00
DO NOT WRITE IN THIS SPACE

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.	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, V, T Bradford, Chester C Jr 206 Perth Ct Winter Spgs Fl 32708 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Bradford, Elvira L 206 Perth Ct Winter Spgs Fl 32708 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Chester C Bradford Jr** 4/30/01 407-463-5965