## **FILED** 🛩 2001 UNIFORM BUSINESS REPORT (UBR) Jul 31, 2001 8:00 am DOCUMENT # P00000088391 **Secretary of State** 04-10-2001 90078 024 \*\*\*150.00 SPEEDY AUTO REPAIR, INC. Principal Place of Business Mailing Address 17414 U.S. 41 17414 U.S. 41 N. LUTZ FL 33549 N. LUTZ FL 33549 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable \$8.75 Additional Country Country Ζiο 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MILLS, EDWARD C Street Address (P.O. Box Number is Not Acceptable) 4701 VICTORIA RD. LAND O' LAKES FL 34639 Zip Code City Antity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition Change TITLE NAME MILLS, SHERRY D 4701 VICTORIA RD. STREET ADDRESS CITY-ST-2XP LAND O' LAKES FL 04639 Change \_\_ Addition TITLE \*\* MILLS, EDWARD C STREET ADDRESS 4701 VICTORIA RD: CITY-ST-ZIP ☐ Addition ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TIM F MALIF ÑAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P ☐ Change ☐ Addition ☐ Delete TITE F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 tental 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 in the contraction of the contraction I hereby certify that the information indicated on this report or supplier of the corporation or the received of

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17414 U.S. 41 N. LUTZ FL 33	3549	17414 U.S. 41 N. Lutz FL 33549	0		1/0		
2. Principal P	Place of Business	3. Mailing Address	, W	<u> </u>	NYW		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	10,11		DO NOT WHIT	E IN THIS SPACE	
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Zìp	Country  6. Name and Address of Curre	Zip	Coluntry		ate of Brancis Desired	□ \$8.75 Add	
MILLS, ED' 4701 VICT LAND O' L	WARD C	Mar	Street Addre	$\sqrt{\mathcal{P}}$	nbenis No Acceptable		ie
8. The above	e named entity submits this statemen		registered office or regi			orida.	
Tax filing r	pration is eligible to satisfy its Intangi requirement and elects to do so.	ible FILE NOW!	!! FEE IS \$550.00				
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Date

Daytime Phone #

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: