

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 14, 2003 8:00 am
Secretary of State

0604797 AV

04-14-2003 90731 006 ***150.00

DOCUMENT # P01000001112

1. Entity Name
RC'S AUTO REPAIR, INC.



Principal Place of Business
15122 S W CHICKEE STREET
INDIANTOWN FL 34958-3306

Mailing Address
15122 S W CHICKEE STREET
INDIANTOWN FL 34958-3306



2. Principal Place of Business
15122 SW CHICKEE ST
Suite, Apt. #, etc.

3. Mailing Address
PO BOX 1737
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Indiantown, FL

City & State
Indiantown, FL

4. FEI Number 65-1063614

Applied For
Not Applicable

Zip Country
34956 USA

Zip Country
34956 USA

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DELCAMPO, RAUL
15122 S W CHICKEE STREET
INDIANTOWN FL 34958-3306

Name
Street Address (P.O. Box Number is Not Acceptable)
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 *Raul Del Campo*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	DELCAMPO, RAUL	
STREET ADDRESS	15122 S W CHICKEE STREET	
CITY-ST-ZIP	INDIANTOWN FL 34958-3306	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Raul Del Campo* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-03

Date

Daytime Phone #

CR2E034 (10/02)