

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90040 001 ***158.75

DOCUMENT # P01000010213

1. Entity Name

AUTO RESTORATION & REPAIR INC.

Principal Place of Business

710 WASHBURN RD #10
 MELBOURNE FL 32934

Mailing Address

710 WASHBURN RD #10
 MELBOURNE FL 32934

2. Principal Place of Business

Above

3. Mailing Address

Above

Suite, Apt. #, etc.

710 Washburn #10

Suite, Apt. #, etc.

710 Washburn #10

City & State

Melbourne FL 32934

City & State

Melbourne FL

Zip

32934

Country

U.S.A. Brevard

Zip

32934

Country

U.S.A. Brevard

4. FEI Number

59-3693459

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KNOBLOCK, LINDA
 710 WASHBURN RD #10
 MELBOURNE FL 32934

7. Name and Address of New Registered Agent

Name

Same

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-14-01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	President	<input type="checkbox"/> Delete
NAME	Mark Rupp	
STREET ADDRESS	710 Washburn #10	
CITY-ST-ZIP	Melbourne, FL 32934	
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	Linda Knoblock	
STREET ADDRESS	710 Washburn #10	
CITY-ST-ZIP	Melbourne, FL 32934	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-01

Date

321-544-4569

Daytime Phone #

CR2E034 (9/01)