

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

FILED
May 30, 2002 8:00 am
Secretary of State

05-30-2002 91601 024 ***150.00

DOCUMENT # P010000033020 ✓
1. Entity Name

KINGDOM AUTO REPAIR, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4301 N. NEBRASKA AVE
Suite, Apt. #, etc.

3. Mailing Address
4301 N. NEBRASKA AVE
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
TAMPA, FL

City & State
TAMPA, FLORIDA

4. FEI Number
59-3718998

Applied For
☐ Not Applicable

Zip
33603

Country
HILLSBOROUGH

Zip
33603

Country
HILLSBOROUGH

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
GEEL ODOLPHE

Street Address (P.O. Box Number is Not Acceptable)

2718 WEST STATE STREET

City TAMPA FL Zip Code 33609

8. The above named entity submits this statement to 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 re-issuing) DATE _____

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY - ST - ZIP
GEEL ODOLPHE
2718 W. STATE ST.
TAMPA, FL, 33609

TITLE
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Geel Odolphe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-22-02
Date Daytime Phone #

CR2E034B (12/01)