PREMIER CREDIT REPAIR SERVICE INC.  92 GCT 15 PM IZ: 29  SECRETARY OF STATE  Phicopal Place of Business 220 SW 47 AVE  MAME F. 2019  14. Phicopal Place of Business 220 SW 47 AVE  MAME F. 2019  15. Making Address 220 SW 47 AVE  MAME F. 2019  15. Making Address 20 SW 47 AVE  MAME F. 2019  15. Making Address 20 SW 47 AVE  MAME F. 2019  15. Making Address 20 SW 47 AVE  MAME F. 2019  15. Making Address of Current Registered Agent  17. Name and Address of New Registered Agent  18. Making Address of Current Registered Agent  19. Making Address of New Registered Agent  19. Making Agents of New Registered Agent  19. Making Agent Agent Agent  19. Making Agent Agent Agent  19. Making	×. 200	2 UNIFORM BUSI	NESS REPO	RT (US	R)	į.	-5-20-0	
PREMIER CREDIT REPAIR SERVICE INC.    22 OCT 15 Ph   2: 29   SECRETARY OF STATE   IALAHASSEE PLORIDA   SECRETARY O			0041274				FILED	
Precipical Place of Business 220 SW 47 AVE MANUE R. 2019  PL 2010 W 47 AVE MANUE R. 2019  PL 2	1. Entity Name					02 OCT 15 PM 12: 29		
### 220 SW 47 AVE ####################################						•		•
EMAIR P. 3139  A. Principal Place of Business  A. Missing Address  A. County  A. Missing  A. County  A. County  A. Missing  A. County  A. County	ľ		/ Mailing Address			TAL	LAHASSEE, I	· STATE ·LORIDA
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Bullis Aplit I. 9 (c)  Suite Applied For  Port App	- 4					4 T <b>o P</b> ar <b>on</b> (11 <b>02/0</b> 0 2/01) <b>00</b>	N <b>18</b> 70 <b>18</b> 77 <b>48</b> 07 <b>6</b> 77	I JIRTA KICH TARK BIALIRA
City & Sales  City & Sales  City & Sales  City & Sales  Country  Se. Certificate of Stapa Desired  Set Country  Se. Certificate of Stapa Desired  File Application  Set Country  Set Country  Set Certificate of Stapa Desired  File Application  File Application  Nome  City & Sales  Nome			3. Mailing Address	<u> </u>				HTM 1471 (274 TW) 1471
City & State  City & State  Country  20  Country  30  40	Suite, Ap	1. #, etc.	Suite, Apt. #, etc.			DO NOT V	VRITE IN THIS SPA	ACE
Source   S	City & Str	ate			<u> </u>			
S. Gerificate of Satura Depred   \$3,00 Additional F68 Regulatorial Agent    7. Name and Address of Current Registered Agent    Name   County   County   County    Name   County   County   County   County    8. The above named entity subfine yet statement for the purposes of changing lat registered office or registered agent, or both, in the State of Poorita. I gain tentility with and accept the obligations of registered agent, or both, in the State of Poorita. I gain tentility with and accept the obligations of registered agent, or both, in the State of Poorita. I gain tentility with and accept the obligations of registered agent, or both, in the State of Poorita. I gain tentility with and accept the obligations of registered agent, or both, in the State of Poorita. I gain tentility with and accept the obligations of registered agent, or both, in the State of Poorita. I gain tentility with and accept the obligations of registered agent, or both, in the State of Poorita. I gain tentility with and accept the obligations of registered agent, or both, in the State of Poorita. I gain tentility with and accept the obligations of registered agent, or both, in the State of Poorita. I gain tentility with and accept the obligations of registered agent, or both, in the State of Poorita. I gain tentility with and accept the obligations of registered agent, or both, in the State of Poorita. I gain tentility with and accept the obligations of registered agent, or both, in the State of Poorita. I gain tentility with and accept the obligations of registered agent, or both, in the State of Poorita. I gain tentility with and accept the obligations of registered register of the obligations of registered registered agent, or both, in the State of Poorita. I gain tentility with an and accept the obligations of registered registered agent, or both, in the State of Poorita. I gain tentility with an and accept the State of Poorita. I gain tentility of Poorita State of Poorita State of Poorita. I gain tentility of Poorita State of Poori	<del></del>	<del></del>	- Country		65-109	1578	Not Applicable	
DELIA, LAGO C 220 SW 47 AVE MIAM FL 33134  City			331261	<u>"VSP</u>	<u> </u>		FÃ	Figured -
Street Address (P.O. Box Numbers) is Numbers of the State of Florida. I am ternition with, and accept me obligations of registered adjusted points of registered adjusted opin to the purpose of delanging its registered adjusted opin to be purpose of registered adjusted opin to the purpose of registered adjusted and the registered adjusted on the registered adjusted and the registered adjusted and the registered adjusted on the registered adjusted and the reg	<del></del>	6. Name and Address of Current R	egistered Agent	Name,		0	w Registered Age	ent
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B. The above named critic sub-risk yfile statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am tamular with, and accept the obligations of registering agent.    Signature   Signatu		^		City	$\sim$	1.000	FL	Zin Code
Biguature Report of human-effer or inspectional specific by the internation of the control of human-effer or inspectional points in the internation of the composition of the compositio	8. The above the obligation	e named entity submits this statement for tations of registered agent:	he purpose of changing its r	egistered office of	or registered	agent, or both, in the State of	Florida. I am lam	illiar with, and accept
Tax filing requirement and elects to do so	SIGNATURE		titleli/applicable. (NOTE:	Registered Agent signs	dure required who	en reinstating)	9/5/	02
THE NAME STREET ADDRESS TY-ST-ZP Change Addition MALE STREET ADDRESS CITY-ST-ZP Delete TITLE NAME STREET ADDRESS CITY-ST-ZP Change Addition MALE STREET ADDRESS CITY-ST-ZP CHANGE STREET ADDRESS C	Tax filing requirement and elects to do so. (See criteria on back)  After September 13, Make Check Payabi			2002 Fee will !	be \$750.00			\$5.00 May Be Added to Fees
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NAME REET ADDRESS IT'-S1-ZIP  3. I hereby certify that the information supplied with this (iling 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 trusted 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.	DTLE		☐ Delete					Change Addition
In Properties 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 trusted impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if	NAME STREET ADDRESS					·		
of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if the corporation or the receiver or trusted empowered.	CITY-ST-ZIP			CITY-S1-ZIP				
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