## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # 801 - 50885					03 AUG - 4 AM 11: 12			
Muster Auto Services Inc.								
					SECRETARY OF STATE FALLAHASSEE FLORIDA			
DO NOT WRITE IN THIS SPACE					20002202022			
Principal Place of Business     3. Mailing Address					200022030052 - 08/05/0301073033 ***300.00			
	#4 Honc: LN 620 SE 2nd St.							
Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
N. FT Myers- FL		City & State Cape Coral-FL  Zip Country		Applied For   Applied For   H 6 0 7 1 0 6 5 0 3 2 6 - 9   Not Applicable				
3390	3 Country USA.	<sup>Zip</sup> 33990	Country USA	)	5. Certificate of Status Desired	ı 🗆	\$8.75 Additional Fee Required	
					. Name and Address of Curre	nt Registered	i Agent	
					Name Rudy Guzman			
· ************************************	DO_NOT_WF	Address'(P	s'(P.O. Box Number is Not Acceptable)					
IN THIS SPACE				620	SE 2nd ST			
E ,					o Coral-	FL	ZigCgle 990	
8. The above	named entity submits this statement for t	he purpose of changing its re	aistered office			Florida.	120710	
*J/	111	,	<b>4</b>		<b>3</b> ,			
SIGNATURE _	Kudy Dur		2-21	0-03				
	Signature, typed or printed name of registered agent and	title if applicable. (NOTE: R	legistered Agent sign	nature required w	then reinstating)	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 After May 1, Fe Amended UB				00 5	10. Election Campaign Financing Trust Fund Contribution			
11. OFFICERS AND DIRECTORS			to Departme	nt of State	<u> </u>	<u></u>		
TITLE	R I (	P- 1/0- T- 5-	TITLE	T	· · · · · · · · · · · · · · · · · · ·			
NAME	Trudy Guzman	D- C- M	NAME				}	
STREET ADDRESS	Rudy Guzman P-V/P-T-S- 620 SE 2nd ST. D-C-M		STREET ADDRESS	; ]				
CITY-ST-ZIP	Cape Coral-Pa 3	3990	CITY-ST-ZIP					
TITLE			TITLE					
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TITLE			TITLE					
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STREET ADDRESS			STREET ADDRESS		DO NOT	WRI	TF I	
.CITY-ST-ZIP	A CONTRACTOR OF THE PROPERTY O		CITY-ST-ZIP					
NAME I			TITLE NAME		IN THIS	SPAC	CE !	
STREET ADDRESS			STREET ADDRESS	.				
CITY-ST-ZIP			CITY-ST-ZIP					
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CITY-ST-ZIP			CITY-ST-ZIP					
indicated of the corp	ertify that the information supplied with th on this report or supplemental report is tr poration or the receiver or trustee empov at with an address, with all other like empore	ue and accurate and that my : vered to execute this report a	signature shall	have the sa	me legal effect as if made unde	r oath: that I a	m an officer or director	

2 - 20 03 (234) 242 - 8780 Dayline Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: \_

Attachment

## MASTER AUTO SERVICES INC. 1250 HONC LN # 4 N FORT MYERS, FL 33903 (239) 242-8780

July 23, 2003

To Whom It May Concern:

On February 20, 2003 we request an application to renew the corporation and we have not receive anything by this time.

I found out by calling your number that the reason was because the address that you have in record is wrong.

I am requesting a waiver for any penalties involve on this delay and I am enclosing the application for reinstatement of the corporation and a \$300.00 check for the year of 2002 and 2003.

If you have any questions you can give a call at (239) 242-8780 or (239) 470-6980

I would appreciate your help as soon as possible.

Rudy Guzman/Owner

Master Auto Services Inc.

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