page 10h

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

FILED

DOCUMENT # P01000086692 1. Entity Name				02 OCT 25	5 PM 2: 28	
KARL & SONS AUTO REPAIR, INC.				SEGRETARY OF STATE TALLAHASSEE, FLORIDA		
	DO NOT WRITE	IN THIS SI	PACE			
2. Principal Place of Business 12985 STARKEY RD 3. Mailing Address 4378 PARK BL						
Suite, Apt. #, etc. UNIT 6 Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & Sta LARGO	re FL	City & State PINELLAS PARK	.FL	4. FEI Number 59-3741966	Applied For Not Applicable	
^{Ζiρ} 33777	Country USA	^{Zip} 33781	Country USA	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
- 11	The second secon			7. Name and Address of Current Register	•	
				WELLS		
				P.O. Box Number is Not Acceptable)		
IN THIS SPACE				STARKEY RD UNIT #6		
			City LARGO	F	L Zip Code 33777	
8. The above	e named entity submits this statement fo	r the purpose of changing its		red agent, or both, in the State of Florida.	<u> </u>	
SIGNATURE	Il lan-	KAF	RL WELLS	10/2	2/2002	
	Signification typed or printed name of registered agent a		Registered Agent signature required			
Tax filing	oration is eligible to satisfy its Intangible requirement and elects to do so. iria on back)	After May Amended	ay 1. Fee is \$150.00 1. Fee is \$550.00 UBR is \$61.25 le to Department of Sta	10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
11.	OFFICERS AND I					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KARL WELLS 4220 78TH WAY N ST PETERSBURG FL 33	709	NAME TO THE STREET ADDRESS FOR THE PROPERTY OF			
NAME STREET ADDRESS CITY-ST-ZIP	VP LORI A WELLS 4220 78TH WAY N ST PETERSBURG FL 33709		NAME STREET ADDRESS CITY STZIP	700008594 10/25/02-01066-002	327 ***150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S EDWARD WELLS 4220 78TH WAY N ST PETERSBURG FL 337	709	NAME 1. THE STREET ADDRESS CITY ST-ZIP	DO NOT WR		
ITTLE, NAME STPEET ADDRESS CITY-ST-ZIP	T MARK WELLS 4220 78TH WAY N ST PETERSBURG FL 337	709	TITLE NAME STREET ADDRESS CITY-ST-ZIP-	IN THIS SPA	CE	
TITLE NAME STREET AUDRESS CITY-ST-ZIP			NAME NAME STREET ADDRESS CUTY-ST. 2P			
TITLE NAME STREET ADORESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY ST. ZIP			

13. Thereby certify that this information supplied with this filling 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:

KARL WELLS SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/22/2002

Daytime Phone #

CR2E034B (12/01)

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October 22nd, 2002

UNIFORM BUSINESS REPORT DIVISION OF CORPORATIONS P.O. BOX 6327_ TALLAHASSEE FL 32314

RE: KARL & SONS AUTO REPAIR, INC. File # P01000086692

Dear Madam, Sir,

Along with this letter we are sending the Uniform Business Report (UBR) for Karl & Sons Auto Repair, Inc.

For some reason we have not received the previous mailing of the UBR, therefore we are sending you this form with the check for the amount of \$150.00.

We ask that, you accept this form together with the check and respectfully request, that you wave any penalties.

Your cooperation in this matter will be gratefully appreciated.

Sincerely,

Karl Wells

President to and the transfer of the control of the OBE thereign as an

ve are sending the Uniform Business Report (USR) for