

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

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

05-15-2002 90083 018 ***158.75

DOCUMENT # **P010000 91181**

1. Entity Name

Adept 7 Car and Truck Repair Center, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4005 Capron Rd.

3. Mailing Address

P.O. Box 5722

Suite, Apt. #, etc.

Blg #2

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Titusville FL

City & State

Titusville FL

4. FEI Number

59-3744045

Applied For

Not Applicable

Zip

32780

Country

Brevard

Zip

32783

Country

Brevard

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Sandra L. Main

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

707 Isar Ave NW

City

Palm Bay

FL

Zip Code

32907

**DO NOT WRITE
IN THIS SPACE**

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

Sandra L. Main

President

4/26/02

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

(NOTE: Registered Agent signature required when 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 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 | P/V/T/S/D/E/M |
| NAME | Sandra L. Main |
| STREET ADDRESS | 707 Isar Ave NW |
| CITY-ST-ZIP | Palm Bay, FL 32907 |
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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:

Sandra L. Main
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/02 321 969-2554

CR2E034B (12/01)