

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2003 8:00 am
Secretary of State

04-22-2003 90055 004 ***150.00

DOCUMENT # P01000102284

1. Entity Name
ON-SITE AUTOMOTIVE OF SOUTH FLORIDA, INC.



Principal Place of Business
5801 SW 54TH AVE
DAVIE FL 33314

Mailing Address
5801 SW 54TH AVE
DAVIE FL 33314

2. Principal Place of Business

7051 SW 22 Court

Suite, Apt. #, etc.

#5-9

City & State

Davie FL

Zip
33317

Country
USA

3. Mailing Address

7051 SW 22 Court

Suite, Apt. #, etc.

#5-9

City & State

Davie FL

Zip
33317

Country
USA

11006047



☒ **CHECK HERE IF MAKING CHANGES**

4. FEI Number

657147169

65-1147169

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MEARS, JOHN D
5801 SW 54TH AVE
DAVIE FL 33314

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **MEARS, JOHN D**
STREET ADDRESS **5801 SW 54TH AVE**
CITY-ST-ZIP **DAVIE FL 33314**

TITLE **D** ☐ Delete
NAME **MEARS, ANNA M**
STREET ADDRESS **5801 SW 54TH AVE**
CITY-ST-ZIP **DAVIE FL 33314**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Anna Mears **Anna Mears** **2/6/03** **954/577-5282**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)