

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90827 042 ***150.00

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

DOCUMENT # P01000110378

1. Entity Name

GARAGE ENVY, INC.



DO NOT WRITE IN THIS SPACE

90119008

2. Principal Place of Business
11221 St. Johns Industrial Parkway

Suite, Apt. #, etc.

Suite 5

City & State
Jacksonville, FL

Zip
32246

Country
US

3. Mailing Address
11221 St. Johns Industrial Parkway

Suite, Apt. #, etc.

Suite 5

City & State
Jacksonville, FL

Zip
32246

Country
US

4. FEI Number
59-3756390

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Mark D. Berman

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

11221 St. Johns Industrial Parkway, Suite 5

City Jacksonville

FL

Zip Code
32246

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

Mark D. Berman

April 1, 2003

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

(NOTE: Registered Agent signature required when reinstating.)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D/P/T Berman, Mark D.
11221 St. Johns Industrial Parkway, Suite 5
Jacksonville, FL 32246

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D/V/S Laveck, Steve
11221 St. Johns Industrial Parkway, Suite 5
Jacksonville, FL 32246

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 on an attachment with an address, with another like empowered.

SIGNATURE:

Mark D. Berman, Director

4/103

104 890 8959

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)