

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90133 014 ***150.00

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DOCUMENT # P01000110826

1. Entity Name
FLORIDA AUTOMOTIVE REPAIR INC.



Principal Place of Business
3841 68TH. AVENUE NORTH
PINELLAS PARK FL 33781

Mailing Address
3841 68TH. AVENUE NORTH
PINELLAS PARK FL 33781

20027987



2. Principal Place of Business

3. Mailing Address

5900 PARK BOULEVARD
Suite, Apt. #, etc.

5900 PARK BOULEVARD
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

PINELLAS PARK

City & State

PINELLAS PARK

4. FEI Number 59-3756308

Applied For
Not Applicable

Zip
33781

Country
PINELLAS

Zip
33781

Country
PINELLAS

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAYNES, LARRY
3841 68TH. AVENUE NORTH
PINELLAS PARK FL 33781

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

5900 PARK BOULEVARD

City PINELLAS PARK FL Zip Code 33781

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 **LARRY HAYNES, PRESIDENT** **3-31-03**
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 **\$5.00 May Be**
Trust Fund Contribution. ☐ **Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	HAYNES, LARRY	
STREET ADDRESS	3841 68TH. AVENUE NORTH	
CITY-ST-ZIP	PINELLAS PARK FL 33781	
TITLE	V	<input type="checkbox"/> Delete
NAME	HAYNES, ROSWITHA	
STREET ADDRESS	3841 68TH. AVENUE NORTH	
CITY-ST-ZIP	PINELLAS PARK FL 33781	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	5900 PARK BOULEVARD
CITY-ST-ZIP	PINELLAS PARK, FL 33781
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	5900 PARK BOULEVARD
CITY-ST-ZIP	PINELLAS PARK, FL 33781
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-31-03

Date Daytime Phone #

CR2E034 (10/02)