

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000115590

1. Entity Name

A & A AUTO DIAGNOSTICS & REPAIR, INC.

Principal Place of Business

Mailing Address

A & A Auto Diagnostic & Repair
1554 N. Main Street
Jacksonville, FL 32206

A & A Auto Diagnostic & Repair
1554 N. Main Street
Jacksonville, FL 32206

2. Principal Place of Business

1554 N. main ST

3. Mailing Address

1554 n main ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville FL

City & State

Jacksonville FL

Zip

32206

Country

Dewal

Zip

32206

Country

Dewal

6. Name and Address of Current Registered Agent

ALABED WAFAA H

A & A Auto Diagnostic & Repair
1554 N. Main Street
Jacksonville, FL 32206

Name

WAFAA H ALABED

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

1554 N main ST

City

JAX FL

Zip Code

32206

8. The above named entity submits to the State of Florida the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

WAFAA H ALABED (president) WAFAA ALABED

11-25-2002

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)



FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

President
WAFAA H ALABED
250 PRINGLE CIR APT E
GCS FL 32243

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

900008938279
11/12/02--01093--002 **150.00

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

900008938279
12/06/02--01024--007 **600.00

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

900008938279
12/06/02--01024--008 **8.75

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

900008938279
12/06/02--01024--009 **8.75

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

900008938279
12/06/02--01024--010 **8.75

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

900008938279
12/06/02--01024--011 **8.75

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

900008938279
12/06/02--01024--012 **8.75

Change

Addition

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

SIGNATURE: *WAFAA H ALABED*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-07-2002 1355-3755

Daytime Phone #

Date

CR2E034 (9/01)

002000
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02 NOV 27 PM 1:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE
REINSTATEMENT 02