

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000115590

1. Entity Name
A & A AUTO DIAGNOSTICS & REPAIR, INC.

FILED

02 NOV 27 PM 1:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

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.

City & State

Jacksonville FL

City & State

Jacksonville FL

Zip

32206

Country

Duval

Zip

32206

Country

Duval

6. Name and Address of Current Registered Agent

ALABED, WAFAA H

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

7. Name and Address of New Registered Agent

Name

WAFAA H ALABED

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

1554 N MAIN ST

City

JAX FL

FL

Zip Code

32206

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

WAFAA H ALABED (President) WAFAA ALABED

11.25.2002

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)

☒

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

TITLE	PRISIDENT	<input type="checkbox"/> Delete
NAME	WAFAA H ALABED	
STREET ADDRESS	250 PRINGLE CIR APT E	
CITY-ST-ZIP	GCS FL 32243	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	900008938279	
STREET ADDRESS	11/12/02--01093--002 **150.00	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	900008938279	
STREET ADDRESS	12/06/02--01024--007 **600.00	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	900008938279	
STREET ADDRESS	12/06/02--01024--008 **8.75	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: X WAFAA ALABED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11.07.2002 / (355-3755)

CR2E034 (9/01)