## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED Mar 03, 2003 8:00 am Secretary of State

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1. Entity Nat	S AUTOB	ODY, INC.		سربہ کا دوقت	جشہ ۰		)  -	•						
		11010100												
Principal Pla	18													
1885 BARRE ROCKLEDGE		BARRETT DR KLEDGE FL 32955												
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2. Principal	Place of Busin	ness			-									
, ,			3. Mailing			·			•	•	•			
Suite, Apt. #, etc.				, Suite, Apt. #, etc.			-نــر	- ¹⊡ CHE	CK-HERE	IF MAKIN	Ġ ĈHANĞ	EŠ		-4-
City & Sta	ite		City & S	City & State				El Number /- 057	185	9		Applied		7
Zip Country			Zip	Zip Coun			T	ertificate of Status		<u> </u>	\$8.75	Not Appl Additional		1
- 5. Name and Address of Current Regist				Stered Apent				ame and Addres			Fee Requ	ired		4
				30.2		Name		ann ord receive	o or new n	egietei eu	Agent			┪-
LIBARDI, MIKE A						Street Address (P.O. Box Number is Not Acceptable)								1
1885 BAI ROCKLEI	55		ı								-			
MOOREL	JOE 1 C 023			}	City					Zip C	ode		┨	
B. The above	a named entity	y submits this statemen	t for the ouroose	of changing its	renistere	•	rad age	nt or both in the	State of Ele	. Fl	<b>-</b>   `			1
the obliga	tions of regist	ered agent.	t to the purpose	or charging its	169:310/6	d office of register	ar alle	nii, or doar, iir me	State of File	noa. ram	i lammar wi	in, and ad	cept	
SIGNATURE	Signature Amed	or printed name of registered ag	an and title it amplicab	la GIOTT	. D	Agent signature required							_	
·		I_FEE IS \$150.00	<del></del>		:: negstered	- → Adent siñastrie iednisen	witer rein			DATE	-			ļ.
Afte	May 1, 200	3 Fee will be \$550.0	10 11	<u></u>	-	March Sand		"9." Election Ca Trust Fund (			++	:00 May	Be	
Make Check	k Payable to	Florida Department	OF State		11.									
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12. I hereby c	ertify that the	information supplied wi	th this filing does	s not qualify for t	the exemi	ntion stated in Sec	tion 11	9.07(3)(i), Florida	Statutes. I f	urther cer	tify that the	informatic	n	
of the corp changed,	on this report ocration or the or on an attac	or supplemental report e receiver di trustee em chment with an address	is true and accu powered to exec , with all other lik	rrace and inat my cute this report a ce empowered.	y signatur s required	e snall nave the st d by Chapter 607,	ame leg Florida	al effect as if mad Statules; and that	te under oa I my name	ith; that I a appears in	m an office Block 10 o	r or direct or Block 1	tor 1 lf	•
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SIGNAT	UHE:△	THE AND THE STATE OF THE STATE	17 12 land 17		من در								_	