FILED
May 06, 2003 8:00 am
Secretary of State
05-06-2003 90056 012 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

80114989

DOCUMENT # P02000037617

1. Entity Name
VALUE AUTOMOTIVE REPAIR, INC.

Principal Place of Business	Mailing Address
3351 W. HILLSBOROUGH AVE. TAMPA, FL 33614	3351 W. HILLSBOROUGH AVE. TAMPA, FL 33614

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
3155 W. Hillsborough Ave	3155 W. Hillsborough Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tampa FL	City & State: Tampa FL
Zip: 33614 Country	Zip: 33614 Country

4. FEI Number: 56-2350953 ☐ Applied For ☐ Not Applicable

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
RAMOS, RICARDO JR 3351 W. HILLSBOROUGH AVE. TAMPA, FL 33614	Name: Eduardo Fortunato Street Address (P.O. Box Number is Not Acceptable): 3155 W. Hillsborough Ave City: Tampa FL Zip Code: 33614

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: [signature] — Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE: 4/30/03

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 Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: P NAME: Eduardo Fortunato STREET ADDRESS: 3155 W. Hillsborough Ave CITY-ST-ZIP: Tampa FL 33614	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: VP NAME: Maria M Fortunato STREET ADDRESS: 3155 W. Hillsborough Ave CITY-ST-ZIP: Tampa FL 33614	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 4-29-03 — Daytime Phone #