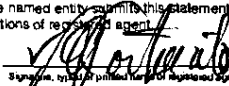
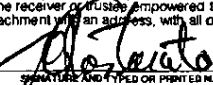


FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90056 012 ***150.00

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

DOCUMENT # P02000037617			
1. Entity Name VALUE AUTOMOTIVE REPAIR, INC.			
Principal Place of Business 3351 W. HILLSBOROUGH AVE. TAMPA, FL 33614		Mailing Address 3351 W. HILLSBOROUGH AVE. TAMPA, FL 33614	
2. Principal Place of Business 3155 W. HILLSBOROUGH AVE Suite, Apt. #, etc.		3. Mailing Address 3155 W. HILLSBOROUGH AVE Suite, Apt. #, etc.	
City & State TAMPA FL		City & State TAMPA FL	
Zip 33614		Zip 33614	
Country		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 RAMOS, RICARDO JR 3351 W. HILLSBOROUGH AVE. TAMPA, FL 33614		7. Name and Address of New Registered Agent 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 certifies 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  DATE 4/30/03 Signature, type or printed name of Registered Agent and title if applicable. (NOTE: Registered Agent signature required when amending)			
FILING 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		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
☐ Delete		☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
☐ Delete		☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
☐ Delete		☐ Change ☐ Addition	
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: 		Date 4-29-03	

80114989



☐ CHECK HERE IF MAKING CHANGES

CR2034 (10/02)