



FILED
Apr 10, 2003 8:00 am
Secretary of State

03-28-2003 90075 003 ***150.00

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

| | | | |
|---|--|---|---|
| DOCUMENT # P02000044615 | |  | |
| 1. Entity Name STAR AUTO REPAIR, INC. | | | |
| Principal Place of Business 422 SOUTH H ST. LAKE WORTH FL 33460 | | Mailing Address 422 SOUTH H ST. LAKE WORTH FL 33460 | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| | | 4. FEI Number 02-0598608 | |
| | | Applied For Not Applicable | |
| | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| MAIER, THOMAS M 422 SOUTH H ST. LAKE WORTH FL 33460 | | Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____ | | | |
| 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. <input type="checkbox"/> \$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 | D MAIER, THOMAS M 422 SOUTH H ST. LAKE WORTH FL 33460 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MAIER, CINDY 422 SOUTH H ST. LAKE WORTH FL 33460 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | Date 3-26-03 561-547-0906 <small>Daytime Phone #</small> | |

CR2E034 (10/02)

Attachment
POCT# PO2000044615
580243/6

Mark the "X" in this box only if there is a change to Employer Identification Number (EIN) or Name.

See instructions on page 1.

BANK NAME/
DATE STAMP

STAR AUTO REPAIR, INC
422 S. H ST
LAKE WORTH FL 33460-4437

EIN 02-0598608-112612

| | | |
|-------|--------|-------------|
| 941 | 945 | 1st Quarter |
| 990-C | 1120 | 2nd Quarter |
| 943 | 990-T | 3rd Quarter |
| 720 | 990-PF | 4th Quarter |
| CT-1 | 1042 | |
| 940 | | 62 |

19 2

Telephone number ()

FOR BANK USE IN MICR ENCODING

Federal Tax Deposit Coupon
Form 8109 (Rev. 12-2000)