

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90196 025 ***150.00

DOCUMENT # P02000049288

1. Entity Name
WILBURNS AUTO SHOP INC.



Principal Place of Business
4204 36 ST W
BRADENTON FL 34205

Mailing Address
4204 36 ST W
BRADENTON FL 34205

2. Principal Place of Business
3101-3rd St. W.

3. Mailing Address

Suite, Apt. #, etc.
Ste. #10

Suite, Apt. #, etc.

City & State
Bradenton, FL

City & State

4. FEI Number

02-0593839

Applied For

Not Applicable

Zip
34205

Country
USA

Zip

Country

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

NEWSOME, WILBURN
4204 36 ST W
BRADENTON FL 34205

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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.

☐ **\$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
Pres. Wilburn Newsome
4204-36 St. W.
Bradenton, FL 34205

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ **Delete**
☐ **Change** ☐ **Addition**

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ **Delete**

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CITY-ST-ZIP
☐ **Change** ☐ **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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

941-751-1436

CR2E034 (10/02)