
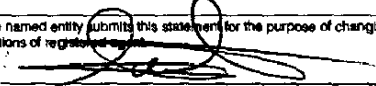




**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91783 031 \*\*\*150.00

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

<b>DOCUMENT # P02000053228</b>			
1. Entity Name <b>RIGHT AUTO REPAIR, INC.</b>			
Principal Place of Business 2977 MICHIGAN AVENUE KISSIMMEE, FL 34744 US		Mailing Address 7802 KINGSPONTE PARKWAY SUITE #205 ORLANDO, FL 32819 US	
2. Principal Place of Business		3. Mailing Address <b>2977 Michigan Ave</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <b>Kissimmee, Florida</b>	
Zip		Zip <b>34744</b>	
Country		Country <b>US</b>	
4. FBI Number <b>30-0164917</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>PEROTTI, CAROLINA 7802 KINGSPONTE PARKWAY SUITE #205 ORLANDO, FL 32819</b>		7. Name and Address of New Registered Agent Name <b>Nixon Salcedo</b> Street Address (P.O. Box Number Is Not Acceptable) <b>1603 SUNBURST WAY</b> City <b>KISSIMMEE</b> FL Zip Code <b>34744</b>	
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 that of applicant.</small>		DATE <b>4/30/03</b> <small>(NOTE: Registered Agent Signature Required when missing)</small>	
		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	<b>PV</b>	<input type="checkbox"/> Delete	
NAME	<b>SALCEDO, NIXON</b>		
STREET ADDRESS	<b>2977 MICHIGAN AVENUE</b>		
CITY-ST-ZIP	<b>KISSIMMEE, FL 34744</b>		
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 807, 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 TYPE OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR</small>		DATE <b>PRESIDENT 4/30/03</b> <small>Date</small>	

**11041501**



CHECK HERE IF MAKING CHANGES

CORREC04 (10/02)

407 518-7010