
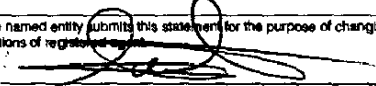



FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91783 031 ***150.00

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

DOCUMENT # P02000053228		
1. Entity Name RIGHT AUTO REPAIR, INC.		
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 2977 Michigan Ave
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State		City & State Kissimmee, Florida
Zip	Country	4. FBI Number 30-0164917
34744	US	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 PEROTTI, CAROLINA 7802 KINGSPONTE PARKWAY SUITE #205 ORLANDO, FL 32819		7. Name and Address of New Registered Agent Name Nixon Salcedo Street Address (P.O. Box Number Is Not Acceptable) 1603 SUNBURST WAY City KISSIMMEE FL Zip Code 34744
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 4/30/03 <small>DATE</small>
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	PV SALCEDO, NIXON 2977 MICHIGAN AVENUE KISSIMMEE, FL 34744	<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		<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		<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		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 PRESIDENT 4/30/03 <small>DATE</small>

11041501



CHECK HERE IF MAKING CHANGES

CRREC034 (10/02)

407 518-7010