FILED

Jan 30, 2003 8:00 am Secretary of State

01-30-2003 90158 003 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P02000066880

DOCUMENT #

1. Entity Name MCB'S DISCOUNT AUTO INC.



Principal Place of Business

Mailing Address

6105 NEW TAMPA HIGHWAY LAKELAND FL 33815 2. Principal Place of Business		6105 NEW TAMPA HIGHWAY LAKELAND FL 33815						
		3. Mailing Address			-	iji 60 :11 9:2 11 0: 111 60 1		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. FEI Number Applied For			
,					0107170	52 <u> </u>	No	ot Applicable
Zip	Country	Ziρ	Country		5. Certificate of Status D	Desired	\$8.75 Add Fee Require	
	6. Name and Address of Current		7. Name and Address of New Registered Agent					
SPIEGEL	& UTRERA, P.A.		Name Ga Y Street Address		P.O. Box Number is Not Ac	Broom	<u>a</u>	
1840 SW	22ND ST.			402	6 Ithac	a Wa	y	
4TH FLOO	OR .						1	
MIAMI FL	33145		City	Orla	zwdo	F	L Zip Code	 P26
	named entity submits this statement fo	r the purpose of changing its	registered office			ate of Florida I a	m familiar with,	and accept
SIGNATURE .	Herry W. WE Bos Signature, 196d or printed name of registered agent a		W. M B: Registered Agent sign	CB _r	oom STD	<u> </u>	7-03	
Äfte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department of	State			9. Election Camp Trust Fund Co	entribution	∐ Added	0 May Be d to Fees
10.	OFFICERS AND		11.	- 	ADDITIONS/CHANGES	TO OFFICERS A	ND DIRECTORS	3 IN 11
TITLE NAME STREET ADDRESS	MCBROOM, ROBERT F 6105 NEW TAMPA HIGHWAY	Delete	TITLE NAME STREET ADDRESS	5			☐ Change	☐ Addition
CITY-ST-ZIP	LAKELAND FL 33815		CITY-ST-ZIP					
TITLE	STD MCDDOOM CADY W	☐ Delete	TITLE				☐ Change	Addition Addition
NAME STREET ADDRESS CITY-ST-ZIP	MCBROOM, GARY W 6105 NEW TAMPA HIGHWAY LAKELAND FL 33815		NAME STREET ADDRESS CITY-ST-ZIP	s				
-TITLE	والمدايسية الرجيان بالراء	Delete	- TITLE -	-c	-		☐ Change	Addition
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CITY-ST-ZIP			CITY-ST-ZIP	<u> </u>	***************************************			
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CITY-ST-7IP			CITY-ST-ZIP					

12. I hereby certify that the information supplied with this filling 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: 🚈

BAFD W. ME Brown STD

407-371-6438