

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90976 038 ***150.00

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

00105515

DOCUMENT # P02000068712					
1. Entity Name SERVICE KING RESTAURANT REPAIR INC.					
Principal Place of Business 861 W DAYTON CIRCLE FT LAUDERDALE, FL 33312			Mailing Address 861 W DAYTON CIRCLE FT LAUDERDALE, FL 33312		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
4. FEI Number 06-1639365				Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GIBSON, ST. CLANSON 861 W DAYTON CIRCLE FT LAUDERDALE, FL 33312				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
A. 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's signature is required when submitting.) DATE _____					
				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	
☐ Delete				☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP				TITLE NAME STREET ADDRESS CITY- ST- ZIP	
DP GIBSON, ST. CLANSON 861 W DAYTON CIRCLE FT LAUDERDALE, FL 33312					
☐ Delete				☐ Change ☐ Addition	
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☐ Delete				☐ Change ☐ Addition	
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☐ Delete				☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP				TITLE 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)(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 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: <u><i>St. Clanson Gibson</i></u> 4 28 03 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # ST. Clanson Gibson					

CR2EC34 (11/02)