

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 28, 2003 8:00 am
Secretary of State

08-15-2003 90086 008 ***150.00

DOCUMENT # P02000077421

1. Entity Name
MUFFLERS AND BRAKES PLUS, INC.



Principal Place of Business
**405 S GREENWOOD AVE
CLEARWATER FL 33756**

Mailing Address
**405 S GREENWOOD AVE
CLEARWATER FL 33756**

55055179



2. Principal Place of Business

3. Mailing Address

☐ CHECK HERE IF MAKING CHANGES

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

61-1424650

Not Applicable

Zip

Country

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

**LAMB, GARY
405 S GREENWOOD AVE
CLEARWATER FL 33756**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. This 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 \$550.00

**After September 10, 2003 Fee will be \$750.00
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 **President** ☐ Delete
NAME **Gary G Lamb**
STREET ADDRESS **1476 Young Ave**
CITY-ST-ZIP **Clearwater FL 33756**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/12/03


727-466-6364

Date

Daytime Phone #

CR2E034 (4/03)

Attachment 55055179


PO2000077421

MUFFLERS & BRAKES +
405 S. GREENWOOD AVE
CLWTR., FL. 33756
TEL 3 727 466-6364

Aug. 12, 2003

To: The Division of Corp.

I have thoroughly searched through all literature received pertaining to our Corp. and am unable to find anything on a business report. This being my first year I was not aware of the report, but I will be sure to make note for next year. Enclosed is the \$150⁰⁰ filing fee.

Sincerely,

Gary Hamel

Signing Officer
