FILED
Mar 13, 2003 8:00 am
Secretary of State

03-13-2003 90102 038 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

100038213

DOCUMENT # P02000081630

1. Entity Name
GARAGE ADVANCE INC.

Principal Place of Business	Mailing Address
3901 TWILIGHT TRAILS KISSIMMEE, FL 34746	3901 TWILIGHT TRAILS KISSIMMEE, FL 34746

[X] CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
5915 EL REY ROAD	5915 EL REY RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ORLANDO Fl	City & State: ORLANDO Fl
Zip: 32808 Country: USA	Zip: 32808 Country: USA

4. FEI Number 82-0555782 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROBLES, PATRICK M
3901 TWILIGHT TRAILS
KISSIMMEE, FL 34746

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

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 [signature] 3/10/2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: PRESIDENT NAME: ANGEL ROBLES JR STREET ADDRESS: 3901 TWILIGHT TRAILS CITY-ST-ZIP: KISSIMMEE FL 34746	☐ Change [X] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: DIRECTOR NAME: PATRICK M ROBLES STREET ADDRESS: 3901 TWILIGHT TRAILS CITY-ST-ZIP: KISSIMMEE FL 34746	☐ Change [X] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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] 3-10-2003 407 5096292
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #