

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000083203</b>		<b>Secretary of State</b>	
1. Entity Name UNITED AUTO REPAIR'S, INC.			
Principal Place of Business 3866 REID ST PALATKA, FL 32177		Mailing Address 3866 REID ST PALATKA, FL 32177	
<b>DO NOT WRITE IN THIS SPACE</b>			
		04192006 No Chg-P CR2E034 (11/05)	
<b>DO NOT WRITE IN THIS SPACE</b>		4. FEI Number 56-2288668	
		Applied For Not Applicable	
6. Name and Address of Current Registered Agent		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
GARCIA, CARLOS F 105 W RIVER WAY PALATKA, FL 32177		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		U00000529143 05/05/06-80064-019 150.00	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<b>DO NOT WRITE IN THIS SPACE</b>	
P GARCIA, CARLOS F 105 W RIVER WAY PALATKA, FL 32177			
TITLE NAME STREET ADDRESS CITY- ST- ZIP			
VP CONLEY, DANNY R 675 CONSINTOWN RD INTERLACHEN, FL 32148			
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 exemptions contained in Chapter 119, 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: _____		Date _____ Daytime Phone # _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			