


2003 FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

9/8/2003-90317-032-\$550.00-\$550.00

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DOCUMENT #	P02000098619	
1. Entity Name M'S AUTO FIX, INC.		

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 4261 WEST ROAD DRIVE UNIT D WEST PALM BEACH FL 33407	Mailing Address 4261 WEST ROAD DRIVE UNIT D WEST PALM BEACH FL 33407
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



☒ CHECK HERE IF MAKING CHANGES

8. Name and Address of Current Registered Agent WHITE, PHILLIP A 3455 AVE F RIVIERA BEACH FL 33404		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 \$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-NAME- STREET ADDRESS CITY-ST-ZIP	P HANSON, MICHEAL A 2185-3 PRETTY LANE WEST PALM BEACH FL 33415 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HANSON, WINSTON 2185-3 PRETTY LANE WEST PALM BEACH FL 33415 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **MICHEAL A HANSON** **09/05/03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)

7/7/29