

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2003 8:00 am
Secretary of State

0180035 AV

05-06-2003 90030 027 ***150.00

DOCUMENT # P02000118958

1. Entity Name
AS COAST TO COAST AUTO MECHANIC, INC.



Principal Place of Business
3894 OVERSEAS HWY
MARATHON FL

Mailing Address
3894 OVERSEAS HWY
MARATHON FL

2. Principal Place of Business
1435 107th ST GULF

3. Mailing Address
SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MARATHON, FL

City & State
SAME

4. FEI Number
01-0751971

Applied For
Not Applicable

Zip
33050

Country

Zip
33050

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

LABRADA, RENE F
3894 OVERSEAS HWY
MARATHON FL

Name

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

500 82ND ST OCEAN

City
MARATHON

FL

Zip Code
33050

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, 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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **LABRADA, RENE F**
STREET ADDRESS **TRAILERAMA RV PARK LOT 31 1579 OVERSEAS HW**
CITY-ST-ZIP **MARATHON FL 33050**

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

TITLE **ST** ☐ Delete
NAME **ACOAST, MERCEDES C**
STREET ADDRESS **TRAILERAMA RV PARK LOT 31 1579 OVERSEAS HW**
CITY-ST-ZIP **MARATHON FL 33050**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 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

04/30/2003 305 743 0210

Date Daytime Phone #

CR2E034 (10/02)