

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 17, 2004 08:00 AM** <sup>ATX1</sup>  
**Secretary of State**

<b>DOCUMENT #</b> P02000126587
<b>1. Entity Name</b>
RAPID AUTO CENTRE, INC.

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> 15629 US HIGHWAY 301		<b>3. Mailing Address</b> 15629 US HIGHWAY 301	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
<b>City &amp; State</b> DADE CITY, FL		<b>City &amp; State</b> DADE CITY, FL	
<b>Zip</b> 33523-2412	<b>Country</b> US	<b>Zip</b> 33523-2412	<b>Country</b> US

DO NOT WRITE IN THIS SPACE

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<b>4. FEI Number</b> 16-1640104		<b>Applied For</b> <input checked="" type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>
<b>7. Name and Address of Current Registered Agent</b>		
Name AARONS, LAWRENCE		
Street Address (P.O. Box Number is Not Acceptable) 5135 W. CYPRESS STREET SUITE 101-A		
<b>City</b> TAMPA	<b>FL</b>	<b>Zip Code</b> 33607

**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)

U000000091203  
03/17/04-80050-015 150.00  
DATE

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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**

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> NEEBAR, CHANDRA 15629 US HIGHWAY 301 DADE CITY, FLORIDA 33523-2412
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE-PRESIDENT</b> NEEBAR, BRIDGEMOHAN 15629 US HIGHWAY 301 DADE CITY, FL. 33523-2412
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
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**11.**

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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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

*Chandra NEEBAR*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

352  
Mar 9/04 567-5042