

FILED  
Jul 22, 2002 8:00 am  
Secretary of State

06-11-2002 90389 038 \*\*\*150.00

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

DOCUMENT # P93000012619  
1. Entity Name  
BEL-AIRE AUTO SERVICE, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
6150 SILVER STAR ROAD  
3. Mailing Address  
6150 SILVER STAR ROAD  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

4. FEI Number  
59-3169022  
Applied For  
Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent  
Name  
MEL BORYSIEWICZ  
Street Address (P.O. Box Number is Not Acceptable)  
2001 CLARK ROAD  
City ORLANDO, FL Zip Code 32808

**DO NOT WRITE  
IN THIS SPACE**

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.  
SIGNATURE Mel Borysiewicz DATE 7-16-02  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.   
January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Department of State  
10. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
Pres-Treas.	Mel Borysiewicz	2001 Clark Road	Orlando, FL 32808				
Vice Pres & Sec.	Amy Thoma	10900 Island Grove Rd.	Clermont, FL 34711				

**DO NOT WRITE  
IN THIS SPACE**

13. 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 11 or on an attachment with an address, with all other like empowered.  
SIGNATURE: Mel Borysiewicz DATE 7-18-02 DAYTIME PHONE # 407 293 0723  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E0348 (12/01)