2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P93000055546 DOCUMENT

1. Entity Name

BRADENTON CAR CARE CENTER, INC.



FILED Feb 06, 2003 8:00 am Secretary of State 02-06-2003 90109 001 ***150.00

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ZEP Country Zip Country 5. Certificate of Status Desired S 55-0429721	Suite, Apt.	#, etc.		Suite, Apt. #, etc.									
S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Numo Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code FL Zi	City & State	е	•	City & State					4. F	65-0429721		_ 	
GRILMAN, STACEY G TISON NORTHGATE BLVD A9 SARASOTA FL 34234 6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fonda. I am termiliar with, and accept the obligations of registered agent, or both, in the State of Fonda. I am termiliar with, and accept the obligations of registered agent. Or both, in the State of Fonda. I am termiliar with, and accept the obligations of registered agent. Or both, in the State of Fonda. I am termiliar with, and accept the obligations of registered agent. Or both, in the State of Fonda. I am termiliar with, and accept the obligations of registered agent. Or both, in the State of Fonda. I am termiliar with, and accept the obligations of registered agent. Or both, in the State of Fonda. I am termiliar with, and accept the obligations of registered agent. Or both, in the State of Fonda. I am termiliar with, and accept the obligations of registered agent. Or both, in the State of Fonda. I am termiliar with, and accept the obligations of registered agent. Or both, in the State of Fonda. I am termiliar with, and accept the obligations of registered agent. Or both, in the State of Fonda. I am termiliar with, and accept the obligations of registered agent. Or both, in the State of Fonda. I am termiliar with, and accept the obligations of registered agent. Or both, in the State of Fonda. I am termiliar with, and accept the obligations of registered agent. Or both, in the State of Fonda. I am termiliar with, and accept the obligations of registered agent. Or both, in the State of Fonda. I am termiliar with, and accept the obligations of registered agent. Or both, in the State of Fonda. I am termiliar with, and accept the obligations of registered agent. Or both, in the State of Fonda. I am termiliar with, and accept the obligations of registered agent. Or both, in the State of Fonda. I am termiliar with, and accept the obligations of registered agent. Or both, in the State of Fonda. Or both, in the	Zip	(Country	Zip		Cour	ntry		5. C	ertificate of Status Desired			
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STRET ADDRESS OTH'S 1-72P GILLMAN, STACEY G 1920 NORTHCATE BLVD A9 SARASOTA FL 34234 6. 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 farmiliar with, and accept the collipations of registered agent. SCINATURE FILE NOW!!! FEE IS \$15.0.0 After May 1, 2003 Fee will be \$55.0.0 After May 1, 2003 Fee will be \$55.0.0 After May 1, 2003 Fee will be \$55.0.0 Make Cheek Payable to Florida Department of State 10.		O. Name an	Address of Content	tegistere	.u Agent		Name			-			
A-9 SARASOTA FL 34234 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the colligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the colligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the colligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the colligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the colligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the colligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the colligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the colligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the colligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the colligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the colligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the colligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the colligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the colligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the colligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the colligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the colligations of registered agent, or both and accept the colligations of registered agent, or both and accept the colligations of registered agent, or both and accept the colligations of registered agent, or	-			°	an garanam 💯	e * Same		dress (P	.О. Вс		. 1,55	西山のではらか	
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SIGNATURE Symbols for registered agent. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ORIGINAL STACEY S STREET ADDRESS OITY-ST-ZIP SARASOTA FL 34234 TITLE NAME STREET ADDRESS OITY-ST-ZIP TITLE NAME STREET ADD	SAHASUT	A FL 34234					City				FL	Zip Cod	E
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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 officer or director of the corporation or the recover or true exemplowered 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 artiress, with all other like empowered.

SIGNATURE:

JAN 1 7 2803

941 355-8000

Date