2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P93000068512

DOCUMENT # 1. Entity Name

CARDIN'S TRUCK AND EQUIPMENT REPAIR, INC.



May 13, 2003 8:00 am Secretary of State
05-13-2003 90052 025 ***150.00

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Principal Place of Business 2590 KIRBY AVENUE NE PALM BAY FL 32905 US		Mailing Address 2590 KIRBY AVENUE NE PALM BAY FL 32905 US					sālii Sāles seess	. 16161 B1181	1484 148 1 1 86 1	
03		US								
2. Principal F	Place of Business	3. Mailing Address] 80 0 0 0 0 0 0 0	 	i ISIOI OIISI		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES					
City & State		City & State			4. F	59-3206085			oplied For ot Applicable	-
Zip	Country	Zip	Coun	try	5. C	Certificate of Status Desired		3.75 Add	litional	1
	6. Name and Address of Current	t Registered Agent		<u> </u>	7. N	ame and Address of New Reg		<u> </u>		1
				Name		,				
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i	RAWBRIDGE AVE									1
MELDOUR	RNE FL 32901									
				City			FL	Zip Cod	9	
	e named entity submits this statement for tions of registered agent.	or the purpose of changir	ng its registere	ed office or registe	red age	ent, or both, in the State of Floric	da. I am fam	iliar with,	and accept	
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable.	(NOTE: Registere	d Agent signature require	d when rei	nstating)	DATE			
F	ILE NOW!!! FEE IS \$150.00			<u></u>					_	1
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State					ļ	Election Campaign Finar Trust Fund Contribution.	ncing		0 May Be I to Fees	
Make Checi	k Payable to Florida Department o	of State			- 1					Į
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12. I hereby certify that the information supplied with this filling 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:

OFFICER OR DIRECTOR