2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 02, 2008 8:00 am Secretary of State

DOCUMENT # P94000010660 1. Entity Name UNIVERSAL AUTO REPAIR AND SALES INC.							07-02-2008 90001 038 ***150.00				
Principal Place of Business			Mailing Address			Ant	CIRCO				
751A CARSWELL AVENUE			PO BOX 250550								
HOLLY HILL, FL- 32117			DAYTONA BEACH, FL	— DAYTONA BEACH, FL 32125—							
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Principal Place of Business - No P.O. Box # 3. Mailing Address											
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Suite, Apt. #, etc.			Suite, Apt. #, etc.			06252008	Chg-P	CR2E034 (raines		
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City & State ORMOND BEACH FL			City & State ORMOND BEACH FL			4. FEI Numb 59-322	-		-	oplied For ot Applicable	
Zip 321	.74	Country US	32174	U S		5. Certificate	of Status Desired		. 75 Add Require		
	6. Name	and Address of Curre	nt Registered Agent			7. Name and	d Address of New	Registered Ager	ıt		
FLOREA	TD41441 1				Name						
FLOREA, TRAIAN I TS1A CARSWELL AVENUE					Street Address (P.O. Box Number is Not Acceptable) 331 OAKRIDGE ROAD						
	LL: FL 321			331 OAKR			AD	<u> </u>			
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,)	City	DT 4 CH		FL	Zip Cod	e 2017/	
8. The above named entity submits this statement for the purpose of changing its registered office or re						BEACH	.,			32174	
	e named entity tions of registe		for the purpose of changing it	s registere	d office or regis	tered agent, or bo	oth, in the State of Fi	onda. I am famil	iar with,	and accept	
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SIGNATURE.	Signature typedic	or printed name of registered ag	ery and title if annihophia (NO	TE- Decistered	1 Agent signature requi	(red when revisional)		DATE			
	Jaga Bada E, Typed C	prized name or registered by	(100	I C. FIEGIS BIOC	- Agent sign elice recit	iio wile iio saaaa gi	,				
		FEE IS \$150.00 tember 12, 2008	9. Election Campa Trust Fund Con			5.00 May Be dded to Fees	In accordance corporation did				
10.	<u> </u>	OFFICERS AN	ID DIRECTORS	11.		ADDITIONS,	/CHANGES TO OF	ICERS AND DIR	ECTORS	S IN 11	
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12. I hereby c	ertify that the	information supplied v	ith this filing does not qualify for	or the exe	mptions contain	ed in Chapter 119	9, Florida Statutes.	further certify th	at the in	formation	
indicated of the corp	on this report poration or the	or supplemental reports receiver or trustee on	to rue and accurate and that provered to execute this report with all other like empowered	my signati Las requir	ure snall have the	e same legal effec	as ii made under	uain; inal I am ar	OMCBL	OF CIRECTOR	
			Total of the chicago the report	us roqui.	an by Chapter o	U/, Fibrida Statute	ss, and that my ham	e appears in pro-	SK TO GE	DIOCK IT II	
changed,	or on an attac	chment with an address	with all other like empowered		ed by Chapter 6	07, Florida Statute	ss, and that my ham	e appears in cice	SK IU UI	BIOCK IT II	

6/25/08:JFW:MF

Daytime Phone #