


2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

07-02-2008 90001 038 ***150.00

| | | | | | |
|---|---|--|---|---|--|
| DOCUMENT # P94000010660 1. Entity Name UNIVERSAL AUTO REPAIR AND SALES INC. | | | |  | |
| Principal Place of Business 751A CARSWELL AVENUE HOLLY HILL, FL 32117 | | | Mailing Address PO BOX 260550 DAYTONA BEACH, FL 32126 | | |
| 2. Principal Place of Business - No P.O. Box # 331 OAKRIDGE ROAD Suite, Apt. #, etc. | | 3. Mailing Address 331 OAKRIDGE ROAD Suite, Apt. #, etc. | |  | |
| City & State ORMOND BEACH FL Zip 32174 | | City & State ORMOND BEACH FL Zip 32174 | | 4. FEI Number 59-3224430 Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | 06252008 Chg-P CR2E034 (12/06) | |
| 6. Name and Address of Current Registered Agent FLOREA, TRAIAN I 751A CARSWELL AVENUE HOLLY HILL, FL 32117 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 331 OAKRIDGE ROAD City ORMOND BEACH FL Zip Code 32174 | | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P FLOREA, TRAIAN I <input type="checkbox"/> Delete 751A CARSWELL AVENUE HOLLY HILL, FL | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 331 OAKRIDGE ROAD ORMOND BEACH FL 32174 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |
| Date _____ Daytime Phone # _____ | | | | | |

6/25/08:JFW:MF