

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

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91844 011 ***150.00

DOCUMENT # PA4000025048

1. Entity Name
ALT AUTO DIAGNOSTIC, REPAIR AND SALES
INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5618 DEWEY ST.

3. Mailing Address
SAME.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
HOLLYWOOD FL

City & State

4. FEI Number
65-0492176

Applied For
Not Applicable

Zip
33023 Country
USA.

Zip Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
HUTCHINSON, JOSEPH.

Street Address (P.O. Box Number is Not Acceptable)

5618 DEWEY STREET.

City
HOLLYWOOD FL Zip Code
33023.

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04.23.03

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE <u>PRESIDENT / DIRECTOR.</u>	NAME <u>HUTCHINSON, JOSEPH.</u>	STREET ADDRESS <u>11034 SW 15 MANOR.</u>	CITY-ST-ZIP <u>DAVE FL. 33324.</u>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
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**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04.23.03 ⁹⁵⁴ 9856087

Date

Daytime Phone #

CR2E034B (12/02)