2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P94000031247 **DOCUMENT #**

1. Entity Name

ALIGNMENT & BRAKE SPECIALTIES, INC.



FILED Feb 03, 2003 8:00 am Secretary of State

02-03-2003 90040 024 ***150.00

	a birtie or -				No. of the last	_]					
rincipal Place of 42 SE 9TH ST. APE CORAL FL		Mailing A 842 S.E. CAPE CO									
. Principal Place	e of Business	3. Mailing	Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				_	□ CI	HECK HERE	F MAKING (
		City &	State			4. FE	Number 65	0490557			ed For opplicable
City & State	· .	Zip		Coun	itry	Co	ertificate of Sta	tus Desired		8.75 Addition	onal
Zip	Country				· 		me and Addr				
	6. Name and Address of Curren	nt Registered	Agent		Name			_ +=	and similar a com-		
KUNTZ, CAI	ROI YN				Street Addres	ss (P.O. Bo)	x Number is N	ot Acceptable	=)		
842 S.E. 9T	TH ST.				<u> </u>						
CAPE COR/	AL FL 33990				City				FL	Zip Code	
	named entity submits this statement				and office or regi	stered age	ent, or both, in	the State of F	orida. I am f	amiliar with, a	nd accept
8. The above n	named entity submits this statement ons of registered agent.	t for the purpo	se of changing I	ts registe	IEG Office of real		····•				
			·			`	instation)		DATE		
SIGNATURE _	Signature, typed or printed name of registered ag	gent and title if appli	cable. (NO	OTE: Registe	red Agent signature re-	quired when rei				AF 0	
? FII	LE NOW!!! FEE IS \$150.00	00				ļ	9. Electio Trust F	n Campaign F und Contribut	inancing ion. E		May Be to Fees
⁽²⁾ 8.65 m.	May 1, 2003 Fee will be \$550.0 Payable to Florida Department	to State				AD	Trust F	und Contribut	ion. L	Added	to Fees
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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 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:

Daytime Phone #