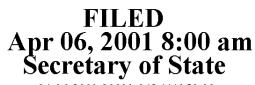
2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000077917 1. Entity Name

THE CARSMITHS AUTOMOTIVE SERVICE COMPANY

Principal Place of Business

Mailing Address



04-06-2001 90011 042 ***150.00

960 E. CARROL KISSIMMEE FL US			960 E. CARROLL STREET KISSIMMEE FL 34744 US					1001 1 0101 1 01 01	193 il 18 ili 111	
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE	IN THIS SF	'ACE	
City & State			City & State			4. 1	FEI Number 59-3274172			plied For t Applicable
Zip		Country	Zip	ntry	5. (Certificate of Status Desired		\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent					I		Name and Address of New Reg	istered Ag	jent	
SMITH, KIP A 2537 JASMINE TRACE DR KISSIMMEE FL 34758					Name Street Address (P.O. Box Number is Not Acceptable)					
•					City	-		FL	Zip Code	-
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. SIGNATURE										
, oldivilone.	Signature, typed o	or printed name of registered agent a	nd title if applicable (NOT	E: Registere	d Agent signature re	equired when re	einstating)	DATE		-
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! F After MAY 1, 2001 Make Check Payable to					will be \$550.		10. Election Campaign Finar Trust Fund Contribution.	ncing		D May Be to Fees
11.		OFFICERS AND (DIRECTORS	12.		AD	DITIONS/CHANGES TO OFFIC	ERS AND E	PIRECTORS	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP		P A MINE TRACE DR E FL 34758	☐ Delete						Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	entify that the	information cumplied with	□ Delete	CHTY	E ET ADDRESS -ST-ZIP	in Postler	119.07(3)(i), Florida Statutes. I fu		Change	Addition
indianted	an Abia anna	and maken supplied with	and alling does not quality lot	a 10 6 A D	mpaion stated I	ii ooolioii l	- 10.01 (OXI), 1 IOHGA Statutes. I III	maner Certilly	/ procedure [11]	organon

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 11 or Block 12 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