FILED
May 27, 2002 8:00 am
Secretary of State
05-27-2002 90439 003 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000086766

1. Entity Name
B&L Complete Automotive Repair Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
27880 Industrial St
Suite, Apt. #, etc.
City & State: Bonita Springs FL
Zip: 34133 Country: USA

3. Mailing Address
P.O. Box 1886
Suite, Apt. #, etc.
City & State: Bonita Springs FL
Zip: 34133 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0622151 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. **Name and Address of Current Registered Agent**
Name: Charles R. Moore
Street Address (P.O. Box Number is Not Acceptable): 27880 Industrial St
Bonita Springs FL Zip Code 34133

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 ______________________ (NOTE: Registered Agent signature required when reinstating) DATE ______

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Trust Fund Contribution. ☐ Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	Charles R. Moore
STREET ADDRESS	27880 Industrial St
CITY-ST-ZIP	Bonita Springs FL 34132
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

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CR2E034 3 (12/01)

12. I hereby 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 the corporation is eligible for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes.

SIGNATURE: X Charles R. Moore 4/25/02 (941) 992-0437
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #