05-18-2001 90013 018 ***150.00

DOCUMENT # P96000017762 1. Entity Name

AUTOSERVICE BUSINESS CORPORATION

Principal	Place	of	Business
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1572 SE NIEMEYER PT. ST. LUCIE FL 34952

US

1572 SE NIEMEYER CIRCLE PT. ST. LUCIE FL 34952

2.	Principal	Place of	Business

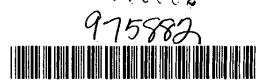
3. Mailing Address

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mailing Address

SIGNATURE:

lun 1251 SEI DOUMAINL



DO NOT WRITE IN THIS SPACE

Daytime Phone #

Ocity & Stat	LUCIE FL	PHST Luci	0	FI	1	4. FEI Num	^{oer} 59-3	367139			pplied For at Applicable
3795	2 Country USA	Zip 4952	Count	<u> </u>		5. Certificat	e of Status D	esired [\$8 Fee	.75 Add Required	litional
	6. Name and Address of Current R	legistered Agent	_, ~	-/		7. Name an	d Address o	f New Regist	tered Agei	nt .	
				Name						-	
IND	DAN, JOSEPH	ر ، - يس-	` [\$ 1825 F 441		- '				·>=c==	
				Street Ad	dress (P.	O. Box Numi	oer is Not Ac	ceptable)			
500 AUSTRALIAN AVE S, SUITE 600											
WES	ST PALM BEACH FL 33401										
		·		City		_			FL	Zip Code	
8. The above	named entity submits this statement for	the purpose of changing its re	gistere	d office or	registered	agent, or b	oth, in the Sta	ate of Florida.			-
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- CIONIATURE			0	~	ł						
SIGNATURE .	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE: F	Registered	gent signatur	e required wi	nen reinstating)			DATE		
	·····					-					
•	pration is eligible to satisfy its Intangible	FILE NOW!!!				10. E	lection Camp	aign Financir	ng	\$5.00	0 May Be
	requirement and elects to do so.	After MAY 1, 200				T I	ust Fund Co	ntribution.			to Fees
(See criter	ria on back)	Make Check Payable	to De	partment	of State						
11.	OFFICERS AND D	IRECTORS	12.		j	ADDITIONS	/CHANGES	TO OFFICER	S AND DIF	ECTORS	IN 11
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indicated	ertify that the information supplied with the on this report or supplemental report is tr	nis filing does not qualify for the rue and accurate and that my	e exem signatu	puon state re shall hav	a in Secti /e the sar	on 19.07(3) ne legal effe	(I), Florida St ct as if made	atutes. (turth: under oath: t	er certify th hat I am ai	iat the infi n officer c	ormation or director
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