

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P97000004085

FILED  
May 01, 2002 8:00 AM  
Secretary of State

Entity Name: TOTAL AUTO CARE, INC.

## Current Principal Place of Business:

7260 SIENNA RIDGE DRIVE  
LAUDERHILL, FL 33319 US

## New Principal Place of Business:

245 NE 183 ST  
BAY 1A, 1B, 2A, 2B  
NORTH MIAMI, FL 33179 US

## Current Mailing Address:

245 NE 183 RD STREET BAY 1A, 1B, 2A, SB  
NORTH MIAMI, FL 33179 US

## New Mailing Address:

7260 SIENNA RIDGE DRIVE  
LAUDERHILL, FL 33319 US

FEI Number: 65-0729111

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DE-BLOIS, GERALDINE  
245 NE 183RD STREET  
BAY 1A, 1B, 2A, 2B,  
NORTH MIAMI, FL 33179 US

## Name and Address of New Registered Agent:

DE-BLOIS, GERALDINE  
7260 SIENNA RIDGE DR  
LAUDERHILL, FL 33319 US

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: GERALDINE DE BLOIS

05/01/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: DE-BLOIS, GERALDINE  
Address: 3741 NE 163RD STREET, #242  
City-St-Zip: NORTH MIAMI BEACH, FL 331604104

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: DE-BLOIS, GERALDINE  
Address: 7260 SIENNA RIDGE DRIVE  
City-St-Zip: LAUDERHILL, FL 33319

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GERALDINE DE BLOIS

PD

05/01/2002

Electronic Signature of Signing Officer or Director

Date