

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

4/12/2004-90236-026-\$61.25-\$61.25


FILED

04 APR 26 PM 1:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

54030025

DO NOT WRITE IN THIS SPACE

DOCUMENT # <b>997000018435</b>	
1. Entity Name <b>Kyle's Transmission &amp; Car Repair Inc.</b>	

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>925 Manatee Ave E</b>		3. Mailing Address <b>925 Manatee Ave E</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Bradenton FL</b>		City & State <b>Bradenton FL</b>	
Zip <b>34208</b>	Country	Zip <b>34208</b>	Country

4. FEI Number <b>59-3431423</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name <b>Phillip W. Dann</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>540 4th St N</b>	
<b>St Pete FL</b>	
City	Zip Code <b>FL 33701</b>

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Kyle G. Robertson** (NOTE: Registered Agent signature required when reinstating) DATE **4-5-04**

January 1 - May 1 Fee is \$150.00 After May 1 Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/V KYLE ROBERTSON 3607 6th Ave W Palmetto FL 34221</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>700035898257 04/26/04-10/04/04 **97.50</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY-TREASURER CAROL ROBERTSON 3607 6th Ave W Palmetto, FL 34221</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Kyle G. Robertson** DATE **4-5-04** DAYTIME PHONE # **941-750-9476**

CR2E034B (12/02)