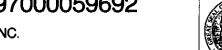
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P97000059692 DOCUMENT

FREDERICK AUTO REPAIR, INC.





Principal Place of Business 3108 9TH ST., W.

Mailing Address 3108 9TH ST., W.

BRADENION	FL 34200	DHADENTON FL 34205				
2. Principal Place of Business		3. Mailing Address			#####	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 65-0773403	Applied For Not Applicable	
Zip	Country	Zip	Country		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered	gent	
<u> </u>		talia i a la l	Name	The state of the s	_	
FREDERICK, ROBERT S 3108 9TH ST., W.			Street Address	Street Address (P.O. Box Number is Not Acceptable)		
	TON FL 34205			<u>. </u>		
	<u></u>		City	FL	Zip Code	
Afte	Signature, typed or printed name of registered age FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00 k Payable to Florida Department	D	PTE: Registered Agent signature requ	DATE 9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.	OFFICERS AN	D DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FREDERICK, ROBERT S 3108 9TH ST., W. BRADENTON FL 34205	☐ Delete ·	TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	

12. I hereby certify that the information supplied with this filling 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

☐ Delete

FILED

04-28-2003 91405 003 ***150.00

Apr 28, 2003 8:00 am Secretary of State

☐ Change

Addition