## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

UN	IFORM BUSINE	SS REPORT	[ (U	BR)		ay 01, 2				<u>ن</u> م ا
1. Entity Nam	MENT # P9700 ND AUTO SERVICES, INC.	0078737				ecreta1 05-01-2003 90	•			AV
STE B ORLANDO FL 32807 US STE B ORLANDO FL 32807 US			TH FORSYTH RD		T O O O A O O O					
21001	Place of Business N. FORSITH RD	3. Mailing Address			1 10011001	PIN 18111 INKII N9111 ANIII		1 (DE) (OCD3	11110   <b>EE</b>   1 <b>06</b> 1	
Suite, Apt.	3	Suite, Apt. #, etc.				CHECK HERE IF	MAKING C			,
City & Stat	VDO, FL	City & State			4. FÉI Number	59-3519638		No	plied For t Applicable	
3280		Zip	Country		5. Certificate of		☐ Fe	3.75 Add e Required		
	6. Name and Address of Current			<del> </del>		ddress of New Re				J
GARDNEF 10129 ELI ORLANDO		an all accounts	·  _	Name Street Address (F		s Not Acceptable)		himming		-
		·		Dity			FL	Zip Code	9	]
	named entity submits this statement for ions of registered agent.	the purpose of changing its re	egistered o	office or registere	ed agent, or both,	in the State of Flori	da. I am fam	illiar with, a	and accept	
SIGNATURE .	, Signature, typed or printed name of registered agent a	and title if applicable. (NOTE:	Registered Ag	ent signature required v	when reinstating)		DATE			
After	ILE NOW!!! FEE IS \$150.00 r May 1, 2003. Fee will be \$550.00 c Payable to Florida Department of	State				ion Campaign Fina Fund Contribution.			<b>0</b> May Be to Fees	
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CI	HANGES TO OFFIC	ERS AND DI	RECTORS	S IN 11	1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT DAVID S GARDNER 10129 ELMER ST ORLANDO FL 32825	☐ Delete	TITLE NAME STREET AL		,			] Change	Addition	CR2E034 (10/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VE STOKES, DEW 3100 CURRY WOOD CIRCLE ORLANDO FL 32822	<b>∑</b> Delete	TITLE NAME STREET AI CITY-ST-					] Change	Addition	CR2
TITLE NAME STREET ADORESS-		☐ Delete	TITLE NAME STREET AI	DDRESS			د⇔. ويسدد ، مـ	Change	Addition	
CITY-ST-ZIP			CITY-ST-					7.05	- Addition	ļ
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete ,	NAME STREET AI CITY-ST-					Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AI CITY-ST-					Change	Addition .	
TITLE NAME STREET ADDRESS CITY-\$T-ZIP		☐ Delete	TITLE NAME STREET AI CITY-ST-					] Change	Addition	
12. I hereby of indicated of the conchanged,	pertify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo or on an attachment with an address, w	this filing does not qualify for t true and accurate and that my wered to execute this report a tith all other like empowered.	he exempt signature required	ion stated in Sec shall have the sa by Chapter 607.	ction 119.07(3)(i), arme legal effect a Flotida Statutes;	Florida Statutes I f s if made up fer oa and that pry name	urther certify th; that I am appears in B	that the in an officer of lock 10 or	oformation or director Block 11 if	

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03 407-678-555