2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P97000090294 **DOCUMENT #**



FILED Mar 05, 2003 8:00 am Secretary of State

03-05-2003 90042 030 ***150.00

SUNCOAST MOBILE AUTO RI	ESTORATION SERVICES, INC.			
Principal Place of Business 11590 65TH AVE NORTH SEMINOLE FL 33772 US	Mailing Address 11590 65TH AVE NORTH SEMINOLE FL 33772 US			
2. Principal Place of Rusiness	2 Mailing Address			

SEMINOLE F US	°L 33772	SEMINOLE FL 337 US	72						
2. Principal	Place of Business	3. Mailing Address				T			
Suite, Apr	t. #, etc.	Suite, Apt. #, etc.			_	☐ CHECK HERE IF MAKING CHANGES			
City & Sta	ate	City & State		4. F	59-3474325		oplied For ot Applicable		
_Zip	Country	Zip.	Co.	intry	5. * C	Certificate of Status Desired	\$8.75 Add	ditional	
	Name and Address of Current	Registered Agent			7. N	lame and Address of New Registered A	gent		
PALMER.	ROBERT F			Name			9		
11590 65TH AVE NORTH			Street Address (P.O. Box Number is Not Acceptable)						
SEMINOLE FL 33772									
				City	_	FL	Zip Cod	l	
8. The above the obliga	e named entity submits this statement for tions of registered agent.	or the purpose of chang	jing its registe	red office or regi	stered age	ent, or both, in the State of Florida. I am fa	ımiliar with,	and accept	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable.	(NOTE: Register	ed Agent signature req	uired when rein	nstating) DATE	· 		
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department o	State				9. Election Campaign Financing Trust Fund Contribution.		0 May Be I to Fees	
10.	OFFICERS AND	DIRECTORS	11.		ADD	DITIONS/CHANGES TO OFFICERS AND I	DIRECTORS	2 INI 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS PALMER, ROBERT F 11590 65TH AVE NORTH SEMINOLE FL 33772	□ Delete	NAM STR	_			☐ Change	Addition	
TITLE NAME STREET ADDRESS		□ Delete	NAN				☐ Change	Addition	

CITY-ST-ZIP	SEMINOLE FL 33772	CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME	☐ 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: 🖊

STREET ADDRESS

CITY-ST-ZIP