2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P97000091526 **DOCUMENT #**

1. Entity Name

SUNWET CAR CARE CENTER, INC.



FILED Feb 03, 2003 8:00 am Secretary of State

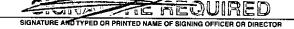
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3061 GULF B GULF BREEZ US	ce of Business REEZE PKWY E FL 32563 Place of Business	3061 GULF US										
z. i ancipari	Tage of Business	J. Maiii	3. Mailing Address			(1947/1947			1161 15881 8111	. 11019 8111 1841		
Suite, Apt	#, etc.	Suite	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES						
City & Sta	te	City	City & State			FEI Number	59-3473224		Α	pplied For		
Zip	Country	Zip		Country					8.75 Ac	ot Applicable ditional		
	6. Name and Address of Curr	ent Registered	d Agent		7:	Name and A	ddress of New Re					
WOODAL		Name			•							
WOODALI	l, C.A. .F Breeze Pkwy			Street	Address (P.O. i	Box Number:	is Not Acceptable)					
	EEZE FL 32563								14.	·		
OOL DIT	LLZL 1 L 02000								,			
				City				FL	Zip Cod			
8. The above	named entity submits this statementions of registered agent.	nt for the purpo	ose of changing its re	egistered office of	or registered ag	gent, or both,	in the State of Florid	da. I am fa	miliar with	and accept		
the obligat	ions or registered agent.			•								
SIGNATURE .	Signature, typed or printed name of registered a	nent and title if senti	onblo (NOTE:	Registered Agent signa				DATE				
Afte	ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550. Payable to Florida Departmen					9. Elect	ion Campaign Finar Fund Contribution.			00 May Be d to Fees		
10.	OFFICERS A	ND DIRECTOR	RS .	11.	AL	DDITIONS/CI	HANGES TO OFFIC	ERS AND I	DIRECTOR	S IN 11		
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CITY-ST-ZIP				CITY-ST-ZIP				_				

12. Thereby 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:



Date

Daytime Phone #