

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

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90240 010 \*\*\*150.00

DOCUMENT # P98000032904

1. Entity Name

Sam's Auto Repair, Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

5101 Eagle Blvd.

Suite, Apt. #, etc.

3. Mailing Address

5101 Eagle Blvd.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Land O' Lakes, FL

City & State

Land O' Lakes, FL

4. FEI Number

59-3510548

Applied For

Not Applicable

Zip

34639

Country

USA

Zip

34639

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

SAMUEL BAEZ

Street Address (P.O. Box Number is Not Acceptable)

5101 Eagle Blvd.

City

Land O' Lakes

FL

Zip Code

34639

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
SAMUEL BAEZ  
5101 Eagle Blvd.  
Land O' Lakes, FL 34639

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)