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2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000051151

1. Entity Name

PRO AUTO PAINT AND SUPPLIES, INC.



FILED Jan 21, 2003 8:00 am Secretary of State

01-21-2003 90522 033 ***150.00

	O FAIRT AID OOF LIEO,							
Principal Place of Business 281 NORTH BABCOCK STREET MELBOURNE FL 32901		Mailing Address 281 NORTH BABCOCK STREET MELBOURNE FL 32901						
2. Principal Place of Business		3. Mailing Address			- 	# 1 710 1 (011)	KINI (ILUK ILUU	BIRBI IRBI KBUK
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State			4. FEI Number	59-3517063		oplied For
Zip	Country	Zip	Co	ountry	5. Certificate of		\$8.75 Add	
	6. Name and Address of Curren		7. Name and Address of New Registered Agent					
ATANIAN INCOME				Name				
	Duse, Joseph Th Babcock Street		Street Addres		(P.O. Box Number is	Not Acceptable)		
MELBOURNE FL 32901					· · ·			
				City		FL	Zip Cod	e
	named entity submits this statement fi	or the purpose of	changing its regis	tered office or register	red agent, or both, i	n the State of Florida. I am f	amiliar with,	and accept
níohlature.								
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable.	(NOTE: Regis	stered Agent signature required	d when reinstating)	DATE		
g F	ILE NOW!!! FEE IS \$150.00				9 Floatie	on Campaign Financing	¢5.0	<u> </u>
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						Fund Contribution.		May Be I to Fees
10.	OFFICERS AND	DIRECTORS	1	11.	ADDITIONS/CH	ANGES TO OFFICERS AND	DIRECTORS	3 IN 11
TITLE	D CTACKER OF TOO TO			TITLE			☐ Change	☐ Addition
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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 employered 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:

IGNATURE AND THE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

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