2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

Principal Place of Business

2839 WEST RAINBOW CIRCLE SARASOTA FL 34231

P98000057749

Mailing Address

SARASOTA FL 34231

2839 WEST RAINBOW CIRCLE

1. Entity Name

THE CAR MEDIC, INC.



FILED Apr 11, 2003 8:00 am Secretary of State

04-11-2003 90189 004 ***150.00

40043147

2. Principal Place of Business 4623 SAWYER RAD 3. Mailing Address						n todetoom 140 todo kout obstrament editi o	 	######################################	1016 1811 1601	
Suite, Apt. #, etc. Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES						
SARASOTA, FL City & State						FEI Number 65-0847292			plied For t Applicable	
Zip Country Zip			Coun	Country 5		i. Certificate of Status Desired				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent						
				Name						
ZIEGLER, CARL P 2839 WEST RAINBOW CIR SARASOTA FL 34231				Street Address (P.O. Box Number is Not Acceptable)						
				City FL Zip Code						
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						Election Campaign Financing Trust Fund Contribution.	' ₋		0 May Be to Fees	
10.	OFFICERS AND		11.		ADD	TIONS/CHANGES TO OFFICERS				
NAME .	D ZIEGLER, CARL P 2839 WEST RAINBOW CIRCLE SARASOTA FL 34231	□ Delete		1] Change	☐ Addition	
TITLE NAME STREET ADDRESS. CITY-ST-ZIP		☐ Delete] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		1				Change	Addition	
TITLE Name Street address City-St-Zip		☐ Delete] Change	Addition	
TITLE NAME Street address City-St-Zip		☐ Delete] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	artify that the information supplied with	Delete	CITY-	ET ADDRESS ST-ZIP	Soution 11	0.07/2Vi) Florido Statutos 1/1 - 11-		Change	Addition	

Thereby verify that the information supplied with this filling does not quality 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 empoyered 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 the empowered.

SIGNATURE: 2