

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90206 031 \*\*\*150.00

<b>DOCUMENT #</b> P98000088722	
<b>1. Entity Name</b> VANSON AUTOMOTIVE REPAIR INC.	

<b>Principal Place of Business</b> 2323 SOUTH RIDGEWOOD AVE. SOUTH DAYTONA FL 32119 US	<b>Mailing Address</b> 2323 SOUTH RIDGEWOOD AVE. SOUTH DAYTONA FL 32119 US
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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<b>4. FEI Number</b> 59-3538249	<b>Applied For</b> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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CHECK HERE IF MAKING CHANGES



<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
VAN CLEEF, MARK 2323 SOUTH RIDGEWOOD AVE. SOUTH DAYTONA FL 32119	Name 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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2003; Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <input type="checkbox"/> Delete VAN CLEEF, MARK 190 COQUINA AVENUE ORMOND BEACH FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV <input type="checkbox"/> Delete VAN CLEEF, CHRIS 27 POLAR BEAR PATH ORMOND BEACH FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete VAN CLEEF, PEGGY 190 COQUINA AVENUE ORMOND BEACH FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**12.** 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowers.

**SIGNATURE:** \_\_\_\_\_ **3/27/03** **386-767-346**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)