2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9900000322

1. Entity Name

JOHN'S & SON AUTO REPAIR, INC.



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

03-31-2003 90290 048 ***150.00

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Principal Place of Business 1332 LAKE BRADFORD RD. TALLAHASSEE FL 32304			Mailing Address 1332 LAKE BRADFORD RD. TALLAHASSEE FL 32304									
2. Principal Place of Business			3. Mailing Address									
Suite, Apt.	#, etc.	Suite	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES						
City & Stat	е	City	City & State			4. FEI Number 59-3551937				pplied For ot Applicable	-	
Zip	Country	Zip		Country	5. Certificate of Status Desired			\$8.75 Additional Fee Required			1	
	6. Name and Address of Current	Registere	d Agent			-7 N	ame and Address of New Re	gistered A	gent		٦.	
				Name								
CAVALL A 1					,							
SAYAH, A J			Street Addr			ess (P.O. Box Number is Not Acceptable)						
1717 TALPECO RD.					,		·					
TALLAHAS	SSEE FL 32303										7	
	7012 1 1 01000						· · · · · · · · · · · · · · · · · · ·				1	
•				City				FL	Zip Cod	de	1	
8. The above	named entity submits this statement for	or the purpo	se of changing its rec	ristered office o	r renistere	d age	nt or both in the State of Flori	da lam fa	 miliar with	and accent	1	
	ions of registered agent.	or the purpe	oo or ordinging no reg	jiotoroa omoo o	rogiotoro	u ugo	int, or boar, in the otate of their	aa. rami	1111121 111111,	una accept	}	
										•	•	
SIGNATURE .	Signature, typed or printed name of registered agent	and title if appli	cable. (NOTE: Re	gistered Agent signat	ure required w	vhen rein	nstating)	DATE			İ	
<u> </u>	ILE NOW!!! FEE IS \$150.00										1	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00							Election Campaign Fina	~ ~		0 May Be		
	Payable to Florida Department of	of State					Trust Fund Contribution.	냅	Adde	d to Fees		
10.	OFFICERS AND	1	oe .	44		ADE	DITIONS / CHANGES TO DESIG	EDC AND	DIRECTOR	C IN 11	4	
	DO OFFICERS AND	DIRECTOR		11.	1	ADL	DITIONS/CHANGES TO OFFIC				1 2	
TITLE	SAYAH, A J		☐ Delete	TITLE					Change	Addition	3	
NAME CORRECT ADDRESS	1717 TALPECO RD			NAME CZREET ADDRESS							1	
STREET ADDRESS				STREET ADDRESS	7	il'	32303				Š	
CITY-ST-ZIP	TALL FL-32304~ 32303			CITY-ST-ZIP							ļ	
TITLE	officer EZZUT SAYAH 1717 TUIPEGRO TUIF 32303		☐ Delete	TITLE	offic	er	SAYAH		Change	Addition	ľ	
NAME _	EZZUT, SAYAM,			NAME	EZZA	7 —	SAYAH				Ì	
STREET ADDRESS	1717 Taire GRO		_ = = - z ₂	STREET ADDRESS	1717	To	uspeco Rd					
- CITY - ST - ZIP	Tall F1 32303			CITY-ST-ZIP	Tail		F1 32303	•				
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TITLE			☐ Delete	TITLE					☐ Change	Addition		
NAME				NAME	}						1	
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Latte Ste/IP				CDT-SI-7P							1	

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 empowered.

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

3-28-0

850 575 199

☐ Change

☐ Addition

Daytime Phone #

CR2E034 (10/02)