

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P99000002227

FILED  
Jul 01, 2003  
Secretary of State

Entity Name: AUTOMOTIVE CARE PLUS, INC.

**Current Principal Place of Business:**

6249 S BABCOCK ST  
PALM BAY, FL 32909

**New Principal Place of Business:**

**Current Mailing Address:**

6249 S BABCOCK ST  
PALM BAY, FL 32909

**New Mailing Address:**

FEI Number: 65-0893128

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LARSON, DOUGLAS P  
6249 S BABCOCK ST  
PALM BAY, FL 32909 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: LARSON, DOUGLAS P  
Address: 6249 S BABCOCK ST  
City-St-Zip: PALM BAY, FL 32909

Title: V ( ) Delete  
Name: LARSON, BARBARA A  
Address: 1212 STATE RD NW  
City-St-Zip: PALM BAY, FL 32907

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: V (X) Change ( ) Addition  
Name: LARSON, BARBARA A  
Address: 6249 S BABCOCK ST SW  
City-St-Zip: PALM BAY, FL 32909

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOUGLAS P LARSON

D

07/01/2003

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date