

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

03-21-2003 90101 010 ***150.00

DOCUMENT # P99000003331

1. Entity Name
DOMESTIC & FOREIGN AUTO REPAIR, INC.



Principal Place of Business
**5805 N 50TH STREET
BLDG 15-A
TAMPA, FL 33610**

Mailing Address
**3805 ROLLING CIRCLE
VALRICO, FL 33594**

10043107

2. Principal Place of Business

3. Mailing Address

1007 Lumsden Trace Cr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Valrico FL

4. FEI Number

59-3550582

Applied For

Not Applicable

Zip

Country

Zip

Country

33594

Hillsborough

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ST JOHN, LYNDON G
3805 ROLLING CIRCLE
VALRICO, FL 33594**

Name

Street Address (P.O. Box Number is Not Acceptable)

1007 Lumsden Trace Cr

City

Valrico

FL

Zip Code

33594

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

3-17-03

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSD** ☐ Delete
NAME **ST JOHN, LYNDON**
STREET ADDRESS **3805 ROLLING CIRCLE**
CITY-ST-ZIP **VALRICO, FL 33594**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VTD** ☐ Delete
NAME **ST JOHN, MARLENE J**
STREET ADDRESS **3805 ROLLING CIRCLE**
CITY-ST-ZIP **VALRICO, FL 33594**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/03

Date

Daytime Phone #

CR2E034 (10/02)