FILED May 27, 2002 8:00 am § Secretary of State

05-27-2002 90306 014 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000008542 1. Entity Name

THE AUTO DOCTOR OF THE FLORIDA KEYS, INC.

Principal Place of Business

100850 OVERSEAS HWY KEY LARGO FL 33037

Mailing Address

100850 OVERSEAS HWY

KEY LARGO FL 33037

Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State	
City & State City & State	}
	\dashv
Zip Country Zip Country	



DO NOT WRITE IN THIS SPACE

\$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent

65-0884646

SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES FL 33134

454: " I. 40000 at

SIGNATURE

: (See criteria on back)

aura 3 Darrell Tutt

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

4. FEI Number

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.

Tutt - V. President Darrell Tutt President

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Applied For

Not Applicable

11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME TUTT, DARRELL W NAME STREET ADDRESS 100850 OVERSEAS HWY STREET ADDRESS KEY LARGO FL 33037 CITY-ST-ZIP CITY-ST-ZIP TITLE VSTD Delete TITLE Addition NAME TUTT, LAURA NAME STREET ADDRESS 100850 OVERSEAS HWY STREET ADDRESS CITY-ST-ZIP KEY LARGO FL 33037 ĈITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP ☐ Delete NAME NAME STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

Change

☐ Addition