

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

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90722 022 ***150.00

DOCUMENT # P99000033737

1. Entity Name
TOOL REPAIR DEPOT, INC.



Principal Place of Business
6501 ORANGE DRIVE
DAVIE FL 33314

Mailing Address
6501 ORANGE DRIVE
DAVIE FL 33314

2. Principal Place of Business

5416 S. State Rd 7

Suite, Apt. #, etc.

3. Mailing Address

5416 S. State Rd 7

Suite, Apt. #, etc.

City & State

FORT LAUDERDALE FL

City & State

33314

U.S.A.

Country

U.S.A.

4. FEI Number

NOT APPLICABLE

Applied For

☒ **Not Applicable**

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

MANUEL, GREGORY E
5384 SW 119TH AVENUE
COOPER CITY FL 33330

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

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

TITLE **D** ☐ **Delete**
NAME **MANUEL, GREGORY E**
STREET ADDRESS **5384 SW 119TH AVENUE**
CITY-ST-ZIP **COOPER CITY FL 33330**

TITLE **D** ☐ **Delete**
NAME **MANUEL, THERESA C**
STREET ADDRESS **5384 SW 119TH AVENUE**
CITY-ST-ZIP **COOPER CITY FL 33330**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ **Change** ☐ **Addition**
NAME
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CITY-ST-ZIP

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NAME
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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 an other like empowered.

SIGNATURE

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)