

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90183 035 \*\*\*150.00

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**DOCUMENT # P99000056141**

1. Entity Name  
**C & S AUTOMOTIVE REPAIRS, INC.**



Principal Place of Business  
**195 E. DONEGAN AVENUE  
KISSIMMEE-FL-34744**

Mailing Address  
**P O BOX 700625  
SAINT CLOUD FL 34769**



2. Principal Place of Business  
**2106 Old Hickory  
Tree Rd.**

3. Mailing Address  
**Same as**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**ST. CLOUD FL**

City & State

4. FEI Number **59-3583361**

Applied For  
 Not Applicable

Zip  
**34772**

Country  
**USA**

Zip

Country

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**

**SMITH, CHARLES D  
337 DAKOTA AVENUE  
ST. CLOUD FL 34769**

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]** (NOTE: Registered Agent signature required when reinstating) DATE **2-16-03**

**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 **P**  Delete  
NAME **SMITH, CHARLES D**  
STREET ADDRESS **337 DAKOTA AVE**  
CITY-ST-ZIP **SAINT CLOUD FL 34769**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **V**  Delete  
NAME **SMITH, SHERRI**  
STREET ADDRESS **337 DAKOTA AVE**  
CITY-ST-ZIP **SAINT CLOUD FL 34769**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
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STREET ADDRESS  
CITY-ST-ZIP

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

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

Date **2-16-03** Daytime Phone # **407-892-486**

CR2E034 (10/02)