

2000 UNIFORM BUSINESS REPORT (UBR)

4/2

FILED
May 18, 2000 8:00 am
Secretary of State

04-28-2000 90068 030 ***150.00

DOCUMENT # P99000072122
 1. Entity Name
SOUTHWEST AUTO REPAIR, INC.

Principal Place of Business Mailing Address
 1031 W. MORSE BOULEVARD **3901** 1031 W. MORSE BOULEVARD
 SUITE 105 **E Village Center** SUITE 105
 WINTe PARK FL 32789 **Dr** WINTe PARK FL 32789-3738
Orlando, FL- 32837

2. Principal Place of Business 3. Mailing Address
3901 E Village Center Dr **3901 E. Village Center Dr**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Orlando, FL **Orlando, Florida**
 Zip Country Zip Country
32837 **ORANGE** **32837** **Orange**

4. FEI Number Applied For
04-3485708 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
WEATHERFORD, WILLIAM P JR.
1031 W. MORSE BOULEVARD
SUITE 105
WINTe PARK FL 32789

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.
 SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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, 2000 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**

11. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	BERNARD, JOSEPH N
STREET ADDRESS	44-DECAUFUR STREET 7688 Apple tree Cir
CITY-ST-ZIP	ARLINGTON MA Orlando, FL- 32819
TITLE	D <input type="checkbox"/> Delete
NAME	BERNARD, MARIE E
STREET ADDRESS	44 DECAUFUR STREET 7688 Apple tree Cir
CITY-ST-ZIP	ARLINGTON MA Orlando, FL- 32819
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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: _____ **REQUIRED** Date **4/20/00** Daytime Phone # **407 240-3919**

CR 04-10001