FILED
May 27, 2003 8:00 am
Secretary of State

05-27-2003 90171 015 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

80122085

DOCUMENT # P99000082377

1. Entity Name
BILL'S AUTO REPAIR OF BOCA RATON, INC.

Principal Place of Business	Mailing Address
21561 WILLOW TREE RD. BOCA RATON, FL 33433	21561 WILLOW TREE RD. BOCA RATON, FL 33433

2. Principal Place of Business	3. Mailing Address
5331 N Dixie Hwy	5331 N Dixie HWY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Boca Raton	City & State: Boca Raton
Zip: 33487 Country	Zip: 33487 Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0948166 ☐ Applied For ☐ Not Applicable

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
FAKHOURY, WILLIAM 21561 WILLOW TREE RD. BOCA RATON, FL 33433	Name: FAKhOURY, WILLIAM Street Address (P.O. Box Number is Not Acceptable): 5331 N Dixie HWY City: Boca Raton FL Zip Code: 33487

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] 05-20-03
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FAKHOURY, WILLIAM 21561 WILLOW TREE RD. BOCA RATON, FL 33433 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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] 05-20-03 561-997-9656
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #