

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

May 11, 2000 8:00 am
Secretary of State

05-11-2000 90305 032 ***150.00

DOCUMENT # P99000096320

1. Entity Name

AUTO CLINIC REPAIR AND SERVICES, INC.

Principal Place of Business	Mailing Address
4906 LAKE UNDERHILL ROAD ORLANDO FL 32807	4906 LAKE UNDERHILL ROAD ORLANDO FL 32807-1236

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



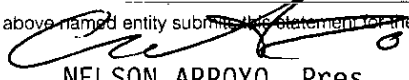
DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
59-3607000	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NELSON A. ARROYO GONZALEZ 4906 LAKE UNDERHILL ROAD ORLANDO FL 32807	Name: NORMA RODRIGUEZ Street Address (P.O. Box Number is Not Acceptable): 4906 LAKE UNDERHILL ROAD City: ORLANDO FL Zip Code: 32807

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:  NELSON ARROYO, Pres. DATE: March 25, 2000

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																								
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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 an other like empowered.

SIGNATURE:  NELSON ARROYO, PRESIDENT REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 25, 2000 (407) 737-4650

Date Daytime Phone #

CR2E034 (9/99)