## 2003 FOR PROFIT CORPORATION

## Jan 13, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR** S54221 DOCUMENT # 1. Entity Name 01-13-2003 90714 045 \*\*\*150.00 ATLAS AUTO SERVICE, INC. Principal Place of Business Mailing Address 29927 SR 54 W 29927 SR 54 WEST WESLEY CHAPEL FL 33543 WESLEY CHAPEL FL 33543 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-3065345 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VANDINE, DANIEL J. Street Address (P.O. Box Number is Not Acceptable) 5242 FOX HUNT-DRIVE WESLEY CHAPEL FL 33943 City Zip Code 8. The above na ned entity submits this of registered agent. ned entity burpose of changing its registered office or registered agent, or both, in the State of Florida I am familiar with, and accept the obligation **SIGNATURE** nt and title if applicable. (NOTE: Registered Agent signature required FILE NOW!!! FEE IS/\$150.00 After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITUE Delete TITLE Change Addition vandine, daniel j. NAME NAME STREET ADDRESS 5242 FOX HUNT DRIVE STREET ADDRESS CITY-ST-ZIP WESLEY CHAPEL FL CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME VANDINE, JOAN P NAME STREET ADDRESS 5242 FOX HUNT DRIVE STREET ADDRESS CITY-ST-ZIP WESLEY CHAPEL FL CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME

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.

CITY-ST-7IP

STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED