## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT #** S78560

1. Entity Name



## **FILED** Feb 28, 2003 8:00 am Secretary of State

A O ULI	TRACOLOR AUTO SERVICE	ES INC		02-28-2003 90133 044 ***150.00	
Principal Pla 645 WALNUT ORANGE CIT		Mailing Address 645 WALNUT AVE. ORANGE CITY FL 32	763	A (ABINETA HI) KEARI MINTI ANNO ANNO ARIO ATOM ASON ASON ASON ASON	<b>:4</b> 11 (84)
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 59-3083457 Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional	
	6. Name and Address of Currer	nt Registered Agent		7. Name and Address of New Registered Agent	<u> </u>
	_		Name	and the second rectanguatered Agent	
STANFOR	RD, DANNY R.				
645 WALNUT AVENUE			Street Addre	ess (P.O. Box Number is Not Acceptable)	
ORANGE	CITY FL 32763				
			City		
			City	FL Zip Code	
SIGNATURE	Signature, typed or printed name of registered agen		NOTE: Registered Agent signature rec	istered agent, or both, in the State of Florida. I am familiar with, and a pured when reinstating)	ccept -
After Make Check	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department c	of State		9. Election Campaign Financing \$5.00 Mag Trust Fund Contribution.  Added to Fe	y Be es
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST STANFORD, DANNY R. 645 WALNUT AVENUE ORANGE CITY FL 32763	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	- ·	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	☐ Change ☐ A	Addition
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ITLE IAME TREET ADORESS ITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Ad	

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

AMTLE PEGUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR