

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90723 038 ***150.00

DOCUMENT # **V62032**

1. Entity Name

BERT'S AUTOMOTIVE REPAIR, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2470 N.W. 30TH WAY

Suite, Apt. #, etc.

3. Mailing Address

2470 N.W. 30TH WAY

Suite, Apt. #, etc.

00074713

DO NOT WRITE IN THIS SPACE

City & State

FT. LAUDERDALE, FL

City & State

FT. LAUDERDALE, FL

4. FEI Number

65-0368019

Applied For

Not Applicable

Zip

33311

Country

USA

Zip

33311

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

CAROL M. NELSON

Street Address (P.O. Box Number is Not Acceptable)

2470 N.W. 30TH WAY

City

FT. LAUDERDALE

FL

Zip Code

33311

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

X Carol M. Nelson

4/4/2003

Signature, typed or printed name of registered agent and the filer (NO filer required for filers who are not registered agents)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE **PRES./ SEC. TREASURER / Dir.**
NAME **CAROL M. NELSON**
STREET ADDRESS **2470 N.W. 30TH WAY**
CITY - ST - ZIP **FT. LAUDERDALE, FL 33311**

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**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE: **X**

Carol M. Nelson
CAROL M. NELSON
PRESIDENT

4/4/2003

954-739-2470

Date

Daytime Phone #

CR2E034B (12/02)