2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

V66133 **DOCUMENT #**

1. Entity Name

UNIQUE MOTOR CARE, INC.

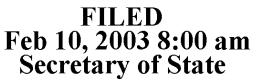


Principal Place of Business 2600 N FEDERAL HWY

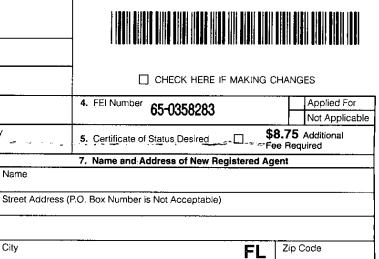
PLUMEAU, EDWARD K MR.

410 SW SILVER PALM COVE PORT ST. LUCIE FL 34986-2310 Mailing Address 2600 N FEDERAL HWY

US US	_ 33064	US			
2. Principal Place	ipal Place of Business , Apt. #, etc.	3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc	Suite, Apt. #, etc.		
City & State		City & State			
Zip	Country	Zip	Country		



02-10-2003 90143 032 ***150.00



DATE

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

Signature, typed or printed name of registered agent and title if applicable.

6. Name and Address of Current Registered Agent

(NOTE: Registered Agent signature required when reinstating)

Name

City

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10.	37775475777			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
NAME STREET ADDRESS	PD St. George, Peter B 21464 Summertrace CIR	☐ Delete	TITLE NAME STREET ADDRESS	☐ Chang	e	
CITY-ST-ZIP	BOCA RATON FL 33428		CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST ST. GEORGE, MARY BETH 21464 SUMMERTRACE CIRCLE BOCA RATON FL 33428	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	e ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	. □ Chang	e	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Oelete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition	
TITLE Name	Maria Brasilia	Delete	TITLE NAME	☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP	The state of the s	•• • • • • • • • • • • • • • • • • • •	STREET ADDRESS CITY-ST-ZIP	error and the second se		

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 al

SIGNATURE:

Mary Beth St. George VP

2/6/03

954-786~933

CR2E034 (10/02)