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

FILED May 30, 2002 8:00 am Secretary of State

DOCUMENT # V73910 1. Entity Name								05-30-2002 91600 010 ***150.00			
Eli's Auto Clinic, Inc								10 1 11 11 11 11 11			
\$ D	O NC)T WRIT	TE IN	THISS	PACE			V. 1			
2. Principal Place of Business				3. Mailing Address							
553 Mission Rd Suite, Apt. #, etc.			5.	556 Mission Rd Suite, Apt. #, etc.							
Outo, Apr. #, 600.			[Suite, Apt. #, etc.				DO NOT WRITE IN	THIS SPACE	Ξ	
City & State Orlando, FL				City & State Orlando, FL				FEI Number		Applied For	
Zip				Zip		Country		-3149411	<u> </u>	Not Applicat	ole
32808	US		32	32808 US			5. Certificate of Status Desired		\$8.75 Additional Fee Required		
					- (A1	7. Nar	ne and Address of Current Reg	istered Age	nt	⊐—
						Name Nunez, Eligio					
DO NOT WRITE						Street Add	iress (PO	(P.O. Box Number is Not Acceptable) slie Ann Lane			7
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	inimary.					Öcoee)		FL 374	Code 4761	Ì
8. The above	e named ent	ity submits this sta	tement for	the purpose of cha	anging its reg	istered office	e or registe	red agent, or both, in the State of	Florida.		
SIGNATURE		ped or printed name of	of registered	agent and title if appl	icable. (N	IOTE: Register	red Agent sig	nature required when reinstating)	DA	NE	-
9. This corporation is eligible to satisfy its Intangible January 1 - May 1 Fee											_
Tax filing requirement and elects to do so. (See criteria on back) After May 1 Amended Make Check Payable						s \$61.25	of State	 Election Campaign Finance Trust Fund Contribution. 	cing	\$5.00 May Be Added to Fees	
11.	T	OFFICERS /	AND DIREC	CTORS	B-1***		A		11.1		⊒ ∈
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13. I hereby ce	L ertify that the	information suppl	ied with this	s filing does not a		ST - ZIP	ated in Sec	tion 119.07(3)(i), Florida Statutes	I further co	rife that the	4
information	n indicated o	on this report or su	pplemental	report is true and	accurate and	I that my sign	nature shall	I have the same legal effect as if	made under	oath: that I am	ŀ
an officer of appears in	or airector of Block 11 or	the corporation or on an attacking the	ine receive with an add	er or trustee empo dress, with all othe	wered to exe r like empow	cute this rep ered.	oπ as requi	ired by Chapter 607, Florida State	ites; and tha	t my name	
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SIGNATI		SNATURE AND TYPE	D OR PRINT	TED NAME OF SIGN		io Nui		DAR	407 2 Davtime Phon	91-4247	

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Daytime Phone #