

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K97206

1. Entity Name

MOTOR CAR FINISHES INC

**FILED**  
**Feb 16, 2000 8:00 am**  
**Secretary of State**

02-16-2000 90041 018 \*\*\*158.75

Principal Place of Business

Mailing Address

5409 ANDERSON RD  
TAMPA FL 33614  
US

5409 ANDERSON RD  
TAMPA FL 33614-5303  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2982720

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EGNER-MONTOYA, SEGUNDO IVAN  
6506 THOROUGHbred LOOP  
ODESSA FL 33556

Name Montoya-Egner, Segundo Ivan  
Street Address (P.O. Box Number is Not Acceptable) 6506 Thoroughbred Loop  
City Odessa FL Zip Code 33556

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  
(See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME EGNER-MONTOYA, SEGUNDO IVAN  
STREET ADDRESS 6506 THOROUGHbred LOOP  
CITY-ST-ZIP ODESSA FL 33556 ☐ Delete

TITLE PD  
NAME Montoya-Egner, Segundo Ivan  
STREET ADDRESS 6506 Thoroughbred Loop  
CITY-ST-ZIP Odessa, FL 33556 ☒ Change ☐ Addition

TITLE D  
NAME MONTOYA, ANABELLA  
STREET ADDRESS 6506 THOROUGHbred LOOP  
CITY-ST-ZIP ODESSA FL 33556 ☐ 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 ☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/2000 (813) 8851319

Date

Daytime Phone #

CR2E034 (9/99)