

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **PR8000097834**  
 1. Entity Name **Automotive Reconditioning Management**

FILED  
 00 MAR 16 AM 11:18  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business **6600 Almonaster Ave New Orleans LA 70126**  
 Mailing Address **11200 Purple Plum CT Orlando FL 32821**

2. Principal Place of Business **6600 Almonaster Ave New Orleans LA**  
 3. Mailing Address **11200 Purple Plum CT Orlando FL**

City & State **LA** City & State **Orlando FL**  
 Zip **70126** Zip **32821**  
 Country **Orange**

4. FEI Number **59-3539917**  
 Applied For  Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**Patrick Burns CPA Orlando FL**

7. Name and Address of New Registered Agent  
 Name **Patrick Burns**  
 Street Address (P.O. Box Number is Not Acceptable) **1516 Hillcrest St**  
 City **Orlando FL** Zip Code **32803**

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  **Frank DeGeronimo** **owner** **3-14-00**  
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	
TITLE <b>owner</b>	<input type="checkbox"/> Delete
NAME <b>Frank DeGeronimo</b>	
STREET ADDRESS <b>11200 Purple Plum CT</b>	
CITY-ST-ZIP <b>Orlando FL 32821</b>	
TITLE <b>owner</b>	<input type="checkbox"/> Delete
NAME <b>Frederick Landry</b>	
STREET ADDRESS <b>6107 Rhythm Blvd.</b>	
CITY-ST-ZIP <b>Orlando FL 32822</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:  **Frank DeGeronimo** **owner** **3-14-00** **407 239 6544**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

KE