

# 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P99000014173

1. Entity Name

**IZZY'S AUTOMOTIVE SERVICE CENTER INC.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAR -3 AM 11:55

Principal Place of Business

2677 NORTH ORANGE BLOSSOM TRAIL  
KISSIMMEE FL 34744

Mailing Address

2677 NORTH ORANGE BLOSSOM TRAIL  
KISSIMMEE FL 34744-1893

2. Principal Place of Business

2677 N.O.B.T  
Suite, Apt. #, etc.

3. Mailing Address

2677 N.O.B.T  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

KISSIMMEE, FLORIDA

City & State

KISSIMMEE, FLORIDA

4. FEI Number

59-3552848

Applied For

Not Applicable

Zip

Country

34744

Zip

Country

34744

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, IZZY  
2677 NORTH ORANGE BLOSSOM TRAIL  
KISSIMMEE FL 34744

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

JAN-19-00

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: PRESIDENT  
NAME: IZZY RODRIGUEZ  
STREET ADDRESS: 2677 NORTH ORANGE BLOSSOM TRAIL  
CITY-ST-ZIP: KISSIMMEE, FL 34744

TITLE: N/A  
NAME: N/A  
STREET ADDRESS: N/A  
CITY-ST-ZIP: N/A  Delete

TITLE: N/A  
NAME: N/A  
STREET ADDRESS: N/A  
CITY-ST-ZIP: N/A  Delete

TITLE: N/A  
NAME: N/A  
STREET ADDRESS: N/A  
CITY-ST-ZIP: N/A  Delete

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STREET ADDRESS: N/A  
CITY-ST-ZIP: N/A  Delete

TITLE: N/A  
NAME: N/A  
STREET ADDRESS: N/A  
CITY-ST-ZIP: N/A  Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: N/A  
NAME: N/A  
STREET ADDRESS: N/A  
CITY-ST-ZIP: N/A  Change  Addition

TITLE: N/A  
NAME: N/A  
STREET ADDRESS: N/A  
CITY-ST-ZIP: N/A  Change  Addition

TITLE: N/A  
NAME: N/A  
STREET ADDRESS: N/A  
CITY-ST-ZIP: N/A  Change  Addition

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STREET ADDRESS: N/A  
CITY-ST-ZIP: N/A  Change  Addition

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NAME: N/A  
STREET ADDRESS: N/A  
CITY-ST-ZIP: N/A  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

1-19-00

Date

407  
935-1582

Daytime Phone #

CR2E034 (9/99)