

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000011399

1. Entity Name

JOE'S AUTO SERVICE, INC.

FILED

Apr 07, 2000 8:00 am  
Secretary of State

04-07-2000 90078 026 \*\*\*150.00

Principal Place of Business

Mailing Address

2118 MEADOWBROOK DRIVE  
LUTZ FL 33549

2118 MEADOWBROOK DRIVE  
LUTZ FL 33549-8457

933575



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Joe's Auto Serv, Inc.  
Suite, Apt. #, etc.  
4350 Flora Ave.  
City & State  
Holiday, Florida.  
Zip  
34691 Country  
Pasco

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4350 Flora Ave  
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4. FEI Number 59-3356989

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

NAVARRO, JOE M  
2118 MEADOWBROOK DRIVE  
LUTZ FL 33549

Name  
Joe M. Navarro  
Street Address (P.O. Box Number is Not Acceptable)  
4350 Flora Ave.  
Holiday  
City FL Zip Code 34691

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

3/31/2000

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 NAVARRO, JOE MICHAEL  
STREET ADDRESS 2118 MEADOWBROOK DRIVE  
CITY-ST-ZIP LUTZ FL 33549 ☐ Delete

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 4350 Flora Ave.  
CITY-ST-ZIP Holiday, Florida 34691

TITLE STD  
NAME NAVARRO, KATHY ANN  
STREET ADDRESS 2118 MEADOWBROOK DRIVE  
CITY-ST-ZIP LUTZ FL 33549 ☐ Delete

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 4350 Flora Ave.  
CITY-ST-ZIP Holiday, Florida 34691

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  
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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

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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: Kathy A. NAVARRO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)