

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 444216

1. Entity Name

DIRECT AUTOMOTIVE SERVICE CENTERS OF NORTH FLORI

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90034 041 ***150.00

Principal Place of Business

Mailing Address

13041 AUTOMOBILE BLVD.
CLEARWATER FL 34622

13041 AUTOMOBILE BLVD.
CLEARWATER FL 33762-4700

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 59-1506230

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

7. Name and Address of New Registered Agent

UTTERWYK, STEVEN A.
13041 AUTOMOBILE BLVD.
CLEARWATER FL 34622

Kitenplon, Dave

Name Kitenplon, David

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

13041 Automobile Blvd.

City

Clearwater

FL

Zip Code

33762

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 ☐ Delete

NAME ORNS, LONNIE
STREET ADDRESS 13041 AUTOMOBILE BLVD.
CITY-ST-ZIP CLEARWATER FL 34622

TITLE ST ☐ Delete

NAME KITENPLON, DAVID
STREET ADDRESS 13041 AUTOMOBILE BLVD.
CITY-ST-ZIP CLEARWATER FL 34622

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
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CITY-ST-ZIP

TITLE ☐ Delete

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STREET ADDRESS
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TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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STREET ADDRESS
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TITLE ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)