

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2001 8:00 am
Secretary of State

01-13-2001 90053 026 ***150.00

DOCUMENT # 491024

1. Entity Name
FT. PIERCE MUFFLER CORP.

Principal Place of Business
**3289 S. US #1
FT. PIERCE FL 34982**

Mailing Address
**1714 RIO VISTA DR
FT. PIERCE FL 34949**

2. Principal Place of Business
3621 S. US #1

3. Mailing Address
Suite, Apt. #, etc.

City & State
FT. Pierce FL.

Zip
34982

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1671130**

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LUSTIG, DONALD
~~2800 S. US #1~~ **1714 RIO VISTA DR.**
~~FT. PIERCE FL 34982~~ **34949**

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 **DONALD LUSTIG, PRES.** *Donald Lustig* DATE **01/08/01**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	PD LUSTIG, DONALD 1714 RIO VISTA DR. FT. PIERCE FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS LUSTIG, ROCHELE 1714 RIO VISTA DR. FT. PIERCE FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.

DONALD LUSTIG

SIGNATURE: *Donald Lustig* **LUSTIG** DATE **1/8/01** DAYTIME PHONE # **561-460-9909**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)