

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 491686

1. Entity Name

CHUCK'S GARAGE, INC.

**FILED**  
**Feb 01, 2000 8:00 am**  
**Secretary of State**

02-01-2000 90128 030 \*\*\*150.00

Principal Place of Business  
P.O. BOX 511148  
PUNTA GORDA FL 33951  
US

Mailing Address  
P.O. BOX 511148  
PUNTA GORDA FL 33951-1148  
US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1628465

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

PARENT, JANIS  
5005 DALEWOOD ST.  
PUNTA GORDA FL 33982

Name

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

City

FL

Zip Code

8. The above named entity submits this statement of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

void 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 \$160.00

After MAY 1, 2000 Fee will be \$550.00  
Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution.

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\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME PARENT, CHARLES H  
STREET ADDRESS 5005 DALEWOOD ST.  
CITY-ST-ZIP PUNTA GORDA FL

☐ Delete

TITLE SD  
NAME PARENT, JANIS I  
STREET ADDRESS 5005 DALEWOOD ST.  
CITY-ST-ZIP PUNTA GORDA FL

☐ Delete

TITLE TD  
NAME PARENT, JANIS I  
STREET ADDRESS 5005 DALEWOOD ST.  
CITY-ST-ZIP PUNTA GORDA FL

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TITLE  
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01/27/00 (94) 575-05