

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 504907

1. Entity Name

AM-FOR AUTO REPAIR, INC.

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90082 021 ***150.00

Principal Place of Business

Mailing Address

227 JUPITER STREET
JUPITER FL 33458

227 JUPITER STREET
JUPITER FL 33458-4958

2. Principal Place of Business

3. Mailing Address

17855 BRIDLE CT.

P.O. Box 1827

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
JUPITER FL

City & State
HIGH SPRINGS, FL

4. FEI Number 59-1676750

Applied For

Not Applicable

Zip
33478

Country

Zip
32655-1827

Country

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

HERLIHY, SHIRLEY S.
17855 BRIDLE CT.
JUPITER FL 33478

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, 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PT
HERLIHY, HUGH
17855 BRIDLE COURT
JUPITER FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☒ Addition
33478

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
HERLIHY, SHIRLEY S.
17855 BRIDLE COURT
JUPITER FL ☐ Delete

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

4/4/00

Date

561-746-5616

Daytime Phone #

CR2E034 (9/99)