

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90036 004 ***150.00

DOCUMENT # 565614

1. Entity Name

J & T AUTOMOTIVE DOCTORS, INC.



Principal Place of Business
5289 MW 161ST STREET
MIAMI FL 33014

Mailing Address
5289 MW 161ST STREET
MIAMI FL 33014



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

18130 NW 82 COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

City & State
HIALEAH FLORIDA

4. FEI Number
59-1792064

Applied For

Not Applicable

Zip

Country

Zip

Country

33015

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

AUVIL, JEFF
18130 N W 82 COURT
HIALEAH FL 33015

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	AUVIL, JEFF	
STREET ADDRESS	18130 N W 82 COURT	
CITY-ST-ZIP	HIALEAH, FLORIDA 00000	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FULLER, BRENDA	
STREET ADDRESS	18130 N W 82 COURT	
CITY-ST-ZIP	HIALEAH, FLORIDA 00000	
TITLE		<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jeff Auvil JEFF AUVIL

4-15-08

305-623-4559

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #