

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 618330**

1. Entity Name

CENTRAL AUTO REFINISHING SUPPLY, INC.

Principal Place of Business

1025 E. OLEANDER ST
P.O. DRAWER 3527
LAKELAND FL 33801

Mailing Address

1025 E. OLEANDER ST
P.O. DRAWER 3527
LAKELAND FL 33801

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

MULLIS, HAROLD W JR
2600 FIRST FLORIDA TOWER
TAMPA FL

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

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
C CAMPBELL, JAMES K
215 BELVEDERE
CHARLEVOIX MI ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P WELCH, TIMOTHY J
4925 LIBERTY LN
LAKELAND FL ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP WELCH, MARLA
4925 LIBERTY LANE
LAKELAND FL ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST WELCH, ANNE
1925 DELCREST
LAKELAND FL ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
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 #

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90148 001 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1927713**

Applied For

Not Applicable

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

CR2E034 (10/00)

0377331