2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

00 MAY -4 AM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

940704

DOCUMENT # 659422

1. Entity Name

C & W TRUCK REPAIR, INC.

Principal Place of Business	Mailing Address
~~317 ENTERPRISE ST~~ ~~OCOEE FL 34761~~ US	~~317 ENTERPRISE ST~~ ~~OCOEE FL 34761-3001~~ US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
703 Henri's Rd.	703 Henri's Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Winter Garden FL.	Winter Garden FL.
City & State	City & State
Zip 34787 Country Orange	Zip 34787 Country Orange

4. FEI Number 59-1977546 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CREEDEN, CHARLES W
~~317 ENTERPRISE ST.~~ 703 Henri's Rd.
~~OCOEE FL 34761~~ Winter Garden FL. 34787

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 _____ DATE
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. (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	VP CREEDEN, KRIS M. 1120 HAWTHORNE COVE DR OCOEE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD CREEDEN, KEVIN A 1750 CROWN POINT WOODS CIR OCOEE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD CREEDEN, CHARLES W 4018 GOLFSIDE DR ORLANDO, FL 00000	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 500003258565--0 -05/19/00--01008--018 *****150.00 *****150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	LS ☐ 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: _____ 4-11-00 407 877 2600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/99)