

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 726483

1. Entity Name

AUTOMOTIVE SERVICE ASSOCIATION OF FLORIDA, INC.

Principal Place of Business

P.O. BOX 3298
TALLAHASSEE FL 32315
US

Mailing Address

P.O. BOX 3298
TALLAHASSEE FL 32315
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-7408710

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COOK, CHARLES R
3746 DORSET WAY
TALLAHASSEE FL 32303

7. Name and Address of New Registered Agent

Name *Charles R. Elder*

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

2461 Greer Rd.

City *Tallahassee*

FL

Zip Code *32308*

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

Charles R. Elder - *Charles R. Elder - Sec.* 3-13-01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME D
STREET ADDRESS ZWALINA, DAVID R
CITY-ST-ZIP 785 S HWY, #17-92
LONGWOOD FL 32750

TITLE ☐ Delete
NAME D
STREET ADDRESS ELDER, CHARLES
CITY-ST-ZIP 2461 GREER RD
TALLAHASSEE FL

TITLE ☐ Delete
NAME D
STREET ADDRESS STONE, DONE
CITY-ST-ZIP 735 SE MONTEREY RD. #3
STUART FL 34994

TITLE ☐ Delete
NAME D
STREET ADDRESS HARRIS, STEVE
CITY-ST-ZIP 1225 OKEECHOBEE RD.
WEST PALM BEACH FL 33401

TITLE ☐ Delete
NAME D
STREET ADDRESS SMITH, RICK
CITY-ST-ZIP 11084 70TH AVE.
SEMINOLE FL 33772

TITLE ☐ Delete
NAME D
STREET ADDRESS HOFMANN, HELEN
CITY-ST-ZIP 3155 CLEMSON RD.
ORLANDO FL 32808

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

12. 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 617, 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:

Charles R. Elder - *Charles R. Elder - Sec.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-13-01

850-386-6133

FILED
Mar 27, 2001 8:00 am
Secretary of State

03-27-2001 90044 030 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

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