

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A25674

1. Entity Name

AUTO SERVICE CENTERS VENTURE, LTD.

FILED

00 MAY -4 PM 4: 20

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business
6355 METRO WEST BLVD., SUITE 330
ORLANDO FL 32835

Mailing Address
6355 METRO WEST BLVD., SUITE 330
ORLANDO FL 32835

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number **59-2835850** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ROSSMAN, NANCY A.
6355 METRO WEST BLVD., SUITE 330
ORLANDO FL 32835

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$100.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	J38149 CENTRECORP, INC. 6355 METRO WEST BLVD., SUITE 330 ORLANDO FL 32835
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS	400003255914 7
CITY - ST - ZIP	-06/13/00--01045--012
STREET ADDRESS	***141.25 ***141.25
CITY - ST - ZIP	
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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *[Signature]* **REQUIRED** **4/27/00 (407) 523-2323**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER **NANCY A. ROSSMAN,** Date Daytime Phone #
PRESIDENT OF CENTRE CORP. INC.