

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F97000005808 (7)**

1. Corporation Name

UNITED AUTOCARE PRODUCTS, INC.

Principal Place of Business

**375 PARK AVE., 22ND FL.
NEW YORK NY 10152**

Mailing Address

**375 PARK AVE., 22ND FL.
NEW YORK NY 10152**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/03/1997

4. FEI Number

13-3922210

Applied For
Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**DCEO
COGAN, MARSHALL S
375 PARK AVE., 22ND FL.
NEW YORK NY 10152**

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**DVT
NELSON, ROBERT H
375 PARK AVE., 22ND FL.
NEW YORK NY 10152**

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**DVAT
DAVIDSON, JAMES R
375 PARK AVE., 22ND FL.
NEW YORK NY 10152**

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**VAT
WINTERS, KARL H
375 PARK AVE., 22ND FL.
NEW YORK NY 10152**

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**VS
SMITH, PHILIP N JR.
375 PARK AVE., 22ND FL.
NEW YORK NY 10152**

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**AS
KING, TAMBRA S
375 PARK AVE., 22ND FL.
NEW YORK NY 10152**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP

21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP

31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP

41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP

51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP

61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP

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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with this filing.

SIGNATURE

[Signature]

2/24/98 (212) 5715-8607

CR2E034 (10/97)