

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G07078**

1. Entity Name

CLEARWATER AUTOMOTIVE, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90232 039 ***150.00

Principal Place of Business

**115 S GREENWOOD AVE
CLEARWATER FL 33756**

Mailing Address

**115 S GREENWOOD AVE
CLEARWATER FL 33756**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2225322**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MCKINLEY, FRANK L., JR.
205 SOUTH GREENWOOD AVENUE
CLEARWATER FL 33756**

7. Name and Address of New Registered Agent

Name

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

City



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 elect to do so. ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
MCKINLEY, FRANK
205 SO GREENWOOD AVE
CLEARWATER FL 33756**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**ST
KEHRER, JOEL
205 SO GREENWOOD AVE
CLEARWATER FL 33756**

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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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

FRANK L. MCKINLEY JR.

Date

Daytime Phone #

2-13-2001 727-4461076

CR2E034 (10/00)