

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H81947

1. Entity Name

KUHN'S AUTO SERVICE, INC.

**FILED**  
**Jan 14, 2000 8:00 am**  
**Secretary of State**

01-14-2000 90025 009 \*\*\*150.00

Principal Place of Business % GEORGE W. KUHN, SR. 1336 CENTER ST HOLLY HILL FL 32117 US	Mailing Address % GEORGE W. KUHN, SR. <del>1336 CENTER ST</del> HOLLY HILL FL 32117-2040 US
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address <u>269 Packwood Rd</u> Suite, Apt. #, etc. <u>L</u> City & State <u>Edgewater FL</u> Zip <u>32141</u> Country <u>USA</u>
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  GEORGE W KUHN, SR. & TAMRA L.S. KUHN 1336 CENTER STREET HOLLY HILL FL 32117	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <u>FL</u> Zip Code
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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 \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KUHN, GEORGE W., SR. <del>1336 CENTER STREET</del> <del>HOLLY HILL FL</del>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <u>269 Packwood Rd</u> <u>Edgewater FL 32141</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST KUHN, TAMRA L S <del>1336 CENTER STREET</del> <del>HOLLY HILL FL</del>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>269 Packwood Rd</u> <u>Edgewater FL 32141</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01/07/2000