

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90049 036 ***150.00

03/14/02 AV

DOCUMENT # H81947

1. Entity Name
KUHN'S AUTO SERVICE, INC.

Principal Place of Business

% GEORGE W. KUHN, SR.
~~1336 CENTER ST~~
 HOLLY HILL FL 32117
 US

Mailing Address

269 PACKWOOD RD
 L
 EDGEWATER FL 32141
 US

2. Principal Place of Business

4130 SR 44
 Suite, Apt. #, etc.

3. Mailing Address

PO Box 749
 Suite, Apt. #, etc.

City & State

NSB FL

City & State

Edgewater FL

Zip

Country

USA

Zip

32132

Country

USA

4. FEI Number 59-2617691

Applied For

Not Applicable

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

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

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

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 elects to do so.
 (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	KUHN, GEORGE W., SR.	
STREET ADDRESS	26900 PACKWOOD RD	
CITY-ST-ZIP	EDGEWATER FL 32141	
TITLE	VST	<input type="checkbox"/> Delete
NAME	KUHN, TAMRA L S	
STREET ADDRESS	26900 PACKWOOD RD	
CITY-ST-ZIP	EDGEWATER FL 32141	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	2295 So Glencoe Rd	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	New Smyrna Bch FL 32168	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	2295 So Glencoe Rd	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	New Smyrna Bch FL 32168	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 line empowered.

SIGNATURE:

Tamra L.S. Kuhn VP
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/2002

386 423 0650

Date

Daytime Phone #

CR2E034 (9/01)