

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90051 022 ***150.00

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DOCUMENT # H81947

1. Entity Name

KUHN'S AUTO SERVICE, INC.



Principal Place of Business

4130 SR 44
NEW SMYRNA BEACH FL 32168
US

Mailing Address

P.O. BOX 749
EDGEWATER FL 32132
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2617691

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GEORGE W KUHN, SR. & TAMRA L.S. KUHN
~~1336 CENTER STREET~~ 2295 S. Glencoe Rd.
HOLLY HILL FL 32117 NSB FL 32168

Name

Same

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

2295 S. Glencoe Rd.

New Smyrna Bch

FL

Zip Code 32168

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME KUHN, GEORGE W., SR.
STREET ADDRESS 2295 SO GLENCOE RD
CITY-ST-ZIP NEW SMYRNA BEACH FL 32168

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

TITLE VST ☐ Delete
NAME KUHN, TAMRA L S
STREET ADDRESS 2295 SO GLENCOE RD
CITY-ST-ZIP NEW SMYRNA BEACH FL 32168

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

TITLE ☐ Delete
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CITY-ST-ZIP

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

12. 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 10 or Block 11 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

George W Kuhn Sr Pres 3/31/03 3864230650

Date

Daytime Phone #

CR2E034 (10/02)