

2000 UNIFORM BUSINESS REPORT (UBR)

3/

FILED
May 11, 2000 8:00 am
Secretary of State

03-30-2000 90029 035 ***150.00

DOCUMENT # H89204

1. Entity Name

E & E AUTOMOTIVE CLINIC, INC.

Principal Place of Business

**3585 NORTH PARROTT AVENUE
 OKEECHOBEE FL 34973**

Mailing Address

**3585 NORTH PARROTT AVENUE
 OKEECHOBEE FL 34972-1706**

2. Principal Place of Business

3585 HWY. 441 N.

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 1101

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

OKEECHOBEE, FLORIDA

Zip

34972

Country

USA

City & State

OKEECHOBEE, FLORIDA

Zip

34973

Country

USA

4. FEI Number

59-2620297

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ENTRY, JOHN E., III
 2585 N. PARROTT AVENUE
 OKEECHOBEE FL 33472**

7. Name and Address of New Registered Agent

Name
STEVEN A. DETWEILER
 Street Address (P.O. Box Number is Not Acceptable)
3585 HWY. 441 N.

City **OKEECHOBEE** **FL** Zip Code **34972**

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 *Steven A. Detweiler* **STEVEN A. DETWEILER** **4-10-00**
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, 2000 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	PD ENTRY III, JOHN E. 3585 N PARROTT AVE OKEECHOBEE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ELKINS, WILLIS 3585 N PARROTT AVE OKEECHOBEE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DETWEILER, STEVEN A. 3585 HWY. 441 N. OKEECHOBEE, FLORIDA 34972	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DETWEILER, JULIA 3585 HWY 441 N. OKEECHOBEE, FLORIDA 34972	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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: *Steven A. Detweiler* **Steven A. Detweiler** **3-23-00** **863-763-2666**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)