

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J40782

1. Entity Name

DAYTONA AUTO DIAGNOSTIC CENTER, INC.

FILED

May 30, 2000 8:00 am
Secretary of State

05-30-2000 90088 046 ***150.00

Principal Place of Business

118 E. DUNLAWTON AVENUE
DAYTONA BEACH SHORES FL 32127

Mailing Address

118 E. DUNLAWTON AVENUE
DAYTONA BEACH SHORES FL 32127-4546

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 59-2740915

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CABRERA, JOSE
118 E. DUNLAWTON AVENUE
DAYTONA BEACH SHORES FL 32127

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PVST	<input type="checkbox"/> Delete
NAME	CABRERA, JOSE	
STREET ADDRESS	118 E. DUNLAWTON AVENUE	
CITY-ST-ZIP	DAYTONA BEACH SHORES FL 32127	
TITLE	D	<input type="checkbox"/> Delete
NAME	CABRERA, JOSE	
STREET ADDRESS	118 E. DUNLAWTON AVENUE	
CITY-ST-ZIP	DAYTONA BEACH SHORES FL 32127	
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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 like empowered.

SIGNATURE:

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/30/00 (904) 788-7877