

# 2000 UNIFORM BUSINESS REPORT (UBR)

5/4/

FILED

May 30, 2000 8:00 am  
Secretary of State

05-04-2000 90188 020 \*\*\*150.00

DOCUMENT #

K12405

1. Entity Name

CAR Check Auto Stores, Inc.

Principal Place of Business

Mailing Address

14010 M.L.K. Blvd.

14010 M.L.K. Blvd.

Dover, Fl. 33527

Dover, Fl. 33527

2. Principal Place of Business

14010 M.L.K. Blvd

Suite, Apt. #, etc.

3. Mailing Address

14010 M.L.K. Blvd

Suite, Apt. #, etc.

City & State

Dover, Fl.

Zip 33527

Country USA

City & State

Dover, Fl.

Zip 33527

Country USA

4. FEI Number

59-2877783

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

Joel L. Walker

2144 Thompson Rd.

Lithia, Fl. 33547

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

5-22-00

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	President	<input type="checkbox"/> Delete
NAME	Joel L. Walker	
STREET ADDRESS	2144 Thompson Rd.	
CITY-ST-ZIP	Lithia, Fl. 33547	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	MARY E. WALKER	
STREET ADDRESS	2144 Thompson Rd	
CITY-ST-ZIP	Lithia, Fl. 33547	
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		<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		
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)(l), 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:

Joel L. Walker  
President

Date

4-24-00

Daytime Phone #

813-659-1103

CR2E034 (9/99)