

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 27, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # K45723**1. Entity Name  
KOVAC AUTOMOTIVE OF WESTON, INC.Principal Place of Business  
15740 STATW RD 84  
SUNRISE FL 33326  
Mailing Address  
2770 DAVIE ROAD  
DAVIE FL 333142. Principal Place of Business  
15740 STATE RD 84

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
SUNRISE FL

City &amp; State

Zip Country  
33326 US

Zip Country

4. FEI Number  
**65-0086392**  
Applied For  
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**STRACHER, LESLIE  
6363 NW 6TH WAY  
STE 420  
FT. LAUDERDALE FL 33309**7. Name and Address of New Registered Agent**Name  
STRACHER LESLIE  
Street Address (P.O. Box Number is Not Acceptable)  
6363 NW 6TH WAY  
STE 420  
City  
FT. LAUDERDALE FL Zip Code  
33309

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 **LESLIE STRACHER****03/27/2001**

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, 2001 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DT  
KOVAC JOAN H  
2770 DAVIE RD.  
DAVIE FL ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
KOVAC HARVEY  
2770 DAVIE RD.  
DAVIE FL ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DPVS  
KOVAC, JOSEPH P.  
2770 DAVIE ROAD  
DAVIE FL 33314 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRES  
KOVAC JOE P  
2770 DAVIE ROAD  
DAVIE FL 33314 ☒ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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: **Joe Kovac**Pres **03/27/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)