

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **K67722**

Entity Name
OVIEDO FOREIGN CAR REPAIR, INC.

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90037 025 ***150.00

Principal Place of Business
99 W. Mitchell Hammock Road
Oviedo, FL 32765

Mailing Address
99 W. Mitchell Hammock RD
Oviedo, FL 32765
US

Principal Place of Business
99 W. Mitchell Hammock Road
Oviedo, FL 32765

Suite, Apt. #, etc.
99 W. Mitchell Hammock Road
Oviedo, FL 32765

City & State
Oviedo, FL

Zip
32765

6. Name and Address of Current Registered Agent
Boekhout, Cornelis
99 W Mitchell Hammock Rd
Oviedo, FL 32765

4. FEI Number
59-3947597

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 (applicable) (NOTE: Registered Agent signature required when reinstating) DATE

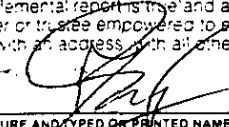
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐ (See criteria on back)

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		
FILE	PST ☐ Delete	TITLE	☐ Change	☐ Addition	
NAME	Van Boekhout, Cornelis	NAME			
STREET ADDRESS	99 W. Mitchell Hammock	STREET ADDRESS			
CITY-ST-ZIP	Oviedo, FL 32765	CITY-ST-ZIP			
FILE	☐ Delete	TITLE	☐ Change	☐ Addition	
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
FILE	☐ Delete	TITLE	☐ Change	☐ Addition	
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
FILE	☐ Delete	TITLE	☐ Change	☐ Addition	
NAME		NAME			
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CITY-ST-ZIP		CITY-ST-ZIP			
FILE	☐ Delete	TITLE	☐ Change	☐ Addition	
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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, unchanged, or on an attachment with an address, with all other title empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2000 (06/00)