

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # L27395**

1. Entity Name

**SNAPPY AUTO CARE CENTER INC.**

Principal Place of Business

**6810 HERITAGE DR  
PT. ST. LUCIE FL 34952  
US****SNAPPY AUTO CARE CENTER  
6810 HERITAGE DR.  
PORT ST. LUCIE  
FL 34952**

2. Principal Place of Business

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **65-0154339**☒ Applied For  
☐ Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent****DOOLE, BENJAMIN  
6810 HERITAGE SQUARE  
PORT ST. LUCIE FL 34952****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

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**

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
	<b>PTD</b>			
	<b>DOOLE, BENJAMIN</b>	<b>6810 HERITAGE SQUARE</b>	<b>PT ST. LUCIE FL 34952</b>	
	<b>SD</b>			
	<b>DOOLE, PATRICIA</b>	<b>6810 HERITAGE SQUARE</b>	<b>PT ST. LUCIE FL 34952</b>	
	<b>V</b>			
	<b>DOOLE, SIMON</b>	<b>6810 HERITAGE SQUARE</b>	<b>PT ST. LUCIE FL 34952</b>	

**12.****ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Feb 19, 2001 8:00 am**  
**Secretary of State**

02-19-2001 90025 019 \*\*\*150.00

**D0018082**

DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)