## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # L68176 Apr 10, 2000 8:00 am Secretary of State 1. Entity Name HI-TECH AUTOMOTIVE OF TALLAHASSEE, INC. 04-10-2000 90009 032 \*\*\*150.00 Mailing Address Principal Place of Business 1031 SOUTH MAGNOLIA DRIVE 1031 SOUTH MAGNOLIA DRIVE TALLAHASSEE FL 32301 TALLAHASSEE FL 32301-4657 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc Applied For 4. FEI Number City & State City & State 59-3009779 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PEAVY, WAYNE L. Street Address (P.O. Box Number is Not Acceptable) 11074 PENNEWAW TRACE TALLAHASSEE FL 32311 Zip Code FL 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition ☐ Delete TITLE TITLE PEAVY, WAYNE L NAME STREET ADDRESS STREET ADDRESS 11074 PENNEWAW TRACE CITY-ST-ZIF CITY-ST-ZIP TALLAHASSEE FL ☐ Change Addition TITLE ☐ Delete TITLE PEAVY, C PATRICIA NAME NAME STREET ADDRESS 11074 PENNEWAW TRACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL Addition ☐ Change ☐ Delete TITI F PEAVY, WENDY L. NAME NAME 11074 PENNEWAW TRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Change Addition ☐ Delete TITLE TITLE

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.

CITY-ST-ZIP

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

NAME

TITLE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFIC

☐ Delete

Change

☐ Addition