

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L75425

1. Entity Name

THE BRAKE SHOP, INC.

Principal Place of Business

3086 FOWLER ST.  
FT. MYERS FL 33901

Mailing Address

3086 FOWLER ST.  
FT. MYERS FL 33901-7313

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

BEYER, TERRY A  
27131 LAVINKA ST.  
BONITA SPRINGS FL 34135

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, 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	P	<input type="checkbox"/> Delete
NAME	HACK, GEORGE JR	
STREET ADDRESS	213 SW 12TH TERRACE	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	VS	<input type="checkbox"/> Delete
NAME	BEYER, TERRY A	
STREET ADDRESS	27131 LAVINKA ST.	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	
TITLE	T	<input type="checkbox"/> Delete
NAME	HACK, GEORGE	
STREET ADDRESS	4926 SW 2ND PL.	
CITY-ST-ZIP	CAPE CORAL FL 33914	
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	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Terry A. Beyer	
STREET ADDRESS	27131 Lavinka St.	
CITY-ST-ZIP	Bonita Springs FL 34135	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	JOAN HACK	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SECRETARY	
STREET ADDRESS	4926 SW 2ND PL	
CITY-ST-ZIP	CAPE CORAL FL 33914	
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)(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

Terry A. Beyer

Date

4-19-00

Daytime Phone #

941-337-5211



DO NOT WRITE IN THIS SPACE

**FILED**  
**Apr 29, 2000 8:00 am**  
**Secretary of State**

04-29-2000 90004 014 \*\*\*150.00

CR2E034 (9/99)