

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90102 045 ***150.00

DOCUMENT # P00000002263

1. Entity Name

K.A.R. AUTO CARE, INC.

Principal Place of Business

**5097 NORTH DIXIE HWY.
 DEERFIELD BEACH FL 33064**

Mailing Address

**5097 NORTH DIXIE HWY.
 DEERFIELD BEACH FL 33064**

2. Principal Place of Business

5097 N. DIXIE HWY

Suite, Apt. #, etc.

3. Mailing Address

5097 NORTH DIXIE HWY

Suite, Apt. #, etc.

City & State

DEERFIELD BEACH FL

Zip

33064

Country

BROWARD

City & State

DEERFIELD BEACH FL 33064

Zip

33064

Country

BROWARD

4. FEI Number

65-0969767

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**KARNELL, IVAN
 5099 NORTH DIXIE HWY.
 DEERFIELD BEACH FL 33064**

7. Name and Address of New Registered Agent

Name **IVAN KARNELL**
 Street Address (P.O. Box Number is Not Acceptable)
5097 NORTH DIXIE HWY
 City **DEERFIELD BEACH** FL **33064**

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

*** 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	D	<input type="checkbox"/> Delete
NAME	KARNELL, IVAN	
STREET ADDRESS	5545 LAKEWOOD CIRCLE, #423	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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: **IVAN KARNELL**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN. 19, 2001

Date

(954) 428-8665

Daytime Phone #

CR2E034 (10/00)