

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000014820

1. Entity Name

THAT'S THE BRAKES AUTO SALES, INC.

Principal Place of Business

174 SEMORAN COMMERCE PLACE. #A101-B  
APOPKA FL 32703

Mailing Address

174 SEMORAN COMMERCE PLACE. #A101-B  
APOPKA FL 32703

2. Principal Place of Business

540 N. Hwy 434

Suite, Apt. #, etc.

Suite #18

3. Mailing Address

819 N. Lake Pleasant Rd.

Suite, Apt. #, etc.

City & State

Altamonte Springs, FL

City & State

Apopka, FL

Zip

32714

Country

Seminole

Zip

32712

Country

ORANGE

4. FEI Number

59-3619567

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

WALTON, DUANE T

174 SEMORAN COMMERCE PLACE, #A101-B  
APOPKA FL 32703

7. Name and Address of New Registered Agent

Name

Duane T. WALTON

Street Address (P.O. Box Number is Not Acceptable)

819 North LAKE Pleasant Rd.

City

Apopka

FL

Zip Code

32712

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 Duane T. Walton / Duane T. WALTON - Owner

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-2-01

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 ☐ Delete  
NAME D  
STREET ADDRESS WALTON, DUANE T  
CITY-ST-ZIP 819 N. LAKE PLEASANT ROAD  
APOPKA FL 32712

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Duane T. Walton / Duane T. WALTON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-2-01

Date

407 920 2744

Daytime Phone #

CR2E034 (10/00)