## 2001 UNIFORM BUSINESS REPORT (UBR)

## May 05, 2001 8:00 am Secretary of State DOCUMENT # P0000015118 RALPH'S AUTOMOTIVE SERVICE CENTER INC 04-13-2001 90014 025 \*\*\*150.00 Principal Place of Business Mailing Address 13095 US 92 EAST 13095 US 92 EAST DOVER FL 33527 DOVER FL 33527 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 59-363157 Not Applicable Country Country **\$8.75** Additional — Zip\_ 5. Certificate of Status Desired\*\* Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BETHUNE, RICHARD D Street Address (P.O. Box Number is Not Acceptable) 13095 US 92 EAST DOVER FL 33527 Zip Code City 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. error (NOTE: Registered Agent signature required when reinstating) DATE 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, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Change ☐ Addition TITLE ☐ Delete TITLE NAME BETHUNE, RICHARD D NAME STREET ADDRESS STREET ADORESS 4020 N GALLAGHER RD CITY-ST-ZIP CITY-ST-78 DOVER FL 33527 ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP -CHY:ST:ZP: /\* Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

Date

Daytime Phone #

SNING OFFICER OR DIRECTOR

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: