

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 30, 2001 8:00 am
Secretary of State
 03-30-2001 90313 027 ***150.00

0072730

DOCUMENT # P00000015387

1. Entity Name
LUXURY CAR CARE, INC.

Principal Place of Business
**1526 GOLDEN POPPY CT.
 ORLANDO FL 32824**

Mailing Address
**1526 GOLDEN POPPY CT.
 ORLANDO FL 32824**

2. Principal Place of Business
1535 Dingen's Ave

3. Mailing Address
P.O. Box 361

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Gotha FL.

City & State
Gotha FL.

4. FEI Number
59-3622077

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

Zip Country
34734 USA

Zip Country
34734 USA

6. Name and Address of Current Registered Agent
**LEPP, MICHAEL W
 1526 GOLDEN POPPY CT.
 ORLANDO FL 32824**

7. Name and Address of New Registered Agent
 Name
Michael Lepp
 Street Address (P.O. Box Number is Not Acceptable)
1535 Dingen's Ave Mailing Address **P.O. BOX 361**
Gotha FL 34734
 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 ☒ **Michael Lepp** DATE **3-28-01**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**
 (See criteria on back) **After MAY 1, 2001 Fee will be \$550.00**
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEPP, MICHAEL W		NAME	Lepp Michael W	
STREET ADDRESS	1526 GOLDEN POPPY CT.		STREET ADDRESS	P.O. Box 361	
CITY-ST-ZIP	ORLANDO FL 32824		CITY-ST-ZIP	Gotha FL 34734	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ☒ **Michael Lepp** DATE **3-28-01** DAYTIME PHONE # **407 353 8402**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)