

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000015858

1. Entity Name

KRATZ AUTOMOTIVE, INC.

FILED
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90082 047 ***150.00

Principal Place of Business

Mailing Address

8075 N MAIN STREET
JACKSONVILLE FL 322088075 N MAIN STREET
JACKSONVILLE FL 32208

2. Principal Place of Business

7602 N. MAIN STREET

3. Mailing Address

7602 N. MAIN STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

Zip

32206

Country

USA

City & State

JACKSONVILLE, FL

Zip

32206

Country

USA

4. FEI Number

59-3630837

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KRATZ, JERRY
8075 N MAIN STREET
JACKSONVILLE FL 32208

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME P
STREET ADDRESS JACKY KRATZ
CITY-ST-ZIP 7602 N. MAIN STREET
JACKSONVILLE, FL 32206TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME VP
STREET ADDRESS JERRY KRATZ
CITY-ST-ZIP 7602 N. MAIN STREET
JACKSONVILLE, FL 32206TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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CITY-ST-ZIPTITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-22-01 9047657799

CR2E034 (10/00)