

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

1022

DOCUMENT # P00000017736

1. Entity Name

Autmax Care Inc

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAR -7 AM 11:44

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2490 Centerville Rd

3. Mailing Address

2490 Centerville Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Tal FL

City & State

FL

4. FEI Number

59-3631442

Applied For

Not Applicable

Zip

32308

Country

Lea

Zip

32308

Country

Lea

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Charles C Slocumb

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

1650 Copperfield Cir

City

Tal

FL

Zip Code

32312

**DO NOT WRITE
IN THIS SPACE**

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

C Slocumb

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

NAME

STREET ADDRESS

CITY-ST-ZIP

President
Charles C Slocumb
1650 Copperfield Cir
Tal FL 32312

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

700014417357
03/20/03--01067--030 **308.75

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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

SIGNATURE:

C Slocumb

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)

3-7-03

Carl²

Automax Care Inc.
Charles C Sloumb
2490 Centerville Rd
Tal, FL 32308

To Whom it may concern:

I recently received notification from the Dept of Revenue that it was unable to file my taxes on corporation # P00000017736, Automax Care Inc., due to the inactive status for 2003.

After careful research of my records I can find no check for this or any notification received for the U.P.R. report. It appears I never received the renewal notice. I wish to have the corporation reinstated. I apologize for this inconvenience but cannot explain why notification wasn't received.

Sincerely

C Sloumb