

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90401 014 ***150.00

DOCUMENT # P00000042098

1. Entity Name

I G W T REPAIR SERVICE INC

Principal Place of Business

**6520 ABBEYDALE COURT
 ORLANDO FL 32818
 US**

Mailing Address

**6520 ABBEYDALE COURT
 ORLANDO FL 32818
 US**

2. Principal Place of Business

**8808 H. Rock Rd
 Suite, Apt. #, etc.
 302
 City & State
 Orlando Fl.**

3. Mailing Address

**615 Roberts Rise Dr
 Suite, Apt. #, etc.**

City & State

DOCEE, FL

4. FEI Number

59-3637657

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

DIEHL, MILTON F

**6520 ABBEYDALE COURT
 ORLANDO FL 32818
 615 Roberts Rise Dr
 DOCEE, FL 34761**

7. Name and Address of New Registered Agent

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, 2002 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	P	<input type="checkbox"/> Delete
NAME	DIEHL, MILTON F	
STREET ADDRESS	6520 ABBEYDALE COURT	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE	VP	<input type="checkbox"/> Delete
NAME	KAPLAN, JAY M	
STREET ADDRESS	PO BOX 22468	
CITY-ST-ZIP	ORLANDO FL 32830	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	615 Roberts Rise Dr.
STREET ADDRESS	DOCEE, FL 34761
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

MILTON F DIEHL
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/02 407-852-1818

CR2E034 (9/01)