

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000042790

1. Entity Name

CAR CARE TECHNOLOGY SERVICES CORP.

FILED
Aug 09, 2001 8:00 am
Secretary of State

08-09-2001 90046 007 ***550.00

008980
 AV

Principal Place of Business

110989 S. CLEVELAND AVE.
 FT. MYERS FL 33907

Mailing Address

C/O BASS & CHERNOFF
 2335 TAMiami TR. NORTH. STE. 409
 NAPLES FL 34103-4459

2. Principal Place of Business

11098 S. Cleveland Ave

3. Mailing Address

11098 S. Cleveland Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ft. Myers, FL 33907

City & State

Ft Myers. FLA -

Zip

Country

Zip

33907

Country

USA

4. FEI Number

651007950

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BASS, RAYMOND L JR.
 THE MOORINGS PROFESSIONAL BLDG.
 2335 TAMiami TR. NORTH, STE. 409
 NAPLES FL 34103

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 D
 NAME TSCHETTER, RONALD
 STREET ADDRESS % DRAIN RAUSCHER PLAZA, 60 S. SIXTH ST.
 CITY-ST-ZIP MINNEAPOLIS MN 55402-442 ☐ Delete

TITLE PRESIDENT
 NAME JIM TSCHETTER
 STREET ADDRESS 2848 LUNA WAY
 CITY-ST-ZIP NAPLES FL 34109 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Change ☐ Addition
 NAME Tschetter, Ronald
 STREET ADDRESS 3041 Castalin Court
 CITY-ST-ZIP Naples, FL 34105

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

87.01

94-278-4911

Date

Daytime Phone #

CR2E034 (5/01)