

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 09, 2002 8:00 am
Secretary of State
 09-09-2002 90006 003 ***550.00

DOCUMENT # P00000052775

1. Entity Name
CHECKPOINT AUTO DIAGNOSTICS, INC.

Principal Place of Business

4123 WILLOW DRIVE N.
MULBERRY FL 33860

Mailing Address

PO BOX 158
MULBERRY FL 33860

978698

2. Principal Place of Business

1824 Civitan South

3. Mailing Address

Suite, Apt. #, etc.

City & State

Lakeland FL

City & State

4. FEI Number

59-3688383

Applied For

Not Applicable

Zip

33803

Country

Polk

Zip

Country

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SELTZER, RICHARD L JR.
4123 WILLOW DRIVE N.
MULBERRY FL 33860

7. Name and Address of New Registered Agent

Name **Seltzer, Richard L Jr**

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

1824 Civitan South

City

Lakeland

FL

Zip Code

33803

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. I am familiar with, and accept the obligations of registered agent.

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 13, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **SELTZER, RICHARD L JR**
STREET ADDRESS **PO BOX 158**
CITY-ST-ZIP **MULBERRY FL 33860-0158**

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

TITLE **SP** ☐ Delete
NAME **SELTZER, SHARON O**
STREET ADDRESS **PO BOX 158**
CITY-ST-ZIP **MULBERRY FL 33860-0158**

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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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 #

CR2E034 (4/02)