

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90143 049 ***150.00

DOCUMENT # P00000072926

1. Entity Name

EXPERT'S AUTO TECH, INC

Principal Place of Business
1520
1521 PARK COMMERCE COURT
ST. CLOUD FL 34769

Mailing Address
1500
1521 PARK COMMERCE COURT
ST. CLOUD FL 34769

A0037352



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1500 PARK COMMERCE CT.

3. Mailing Address

Suite, Apt. #, etc.

City & State

ST. CLOUD FL.

City & State

4. FEI Number

59-3657679

Applied For

Not Applicable

Zip

34769

Country

OSCEOLA

Zip

Country

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

RIVERA, ANGEL L

1500-1521 PARK COMMERCE COURT
ST. CLOUD FL 34769

Name

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

1500 PARK COMMERCE CT.

City

ST. CLOUD FL

FL

Zip Code

34769

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 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 **PD** ☐ Delete
NAME **RIVERA, ANGEL L**
STREET ADDRESS **1521 PARK COMMERCE COURT**
CITY-ST-ZIP **ST. CLOUD FL 34769**

TITLE **SECRETARY TREASURER** ☐ Change ☒ Addition
NAME **WANDA RIVERA**
STREET ADDRESS **770 ORANGE AVE.**
CITY-ST-ZIP **ST. CLOUD FL. 34769**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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:

Angel Rivera **ANGEL RIVERA**

2-6-01

Date

(407) 709-5563

Daytime Phone #

CR2E034 (10/00)