

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000072926

1. Entity Name
EXPERT'S AUTO TECH, INC

FILED
Jan 14, 2002 8:00 am
Secretary of State

01-14-2002 90037 043 ***150.00

Principal Place of Business
1500 PARK COMMERCE CT
SAINT CLOUD FL 34769

Mailing Address
1521 PARK COMMERCE COURT
ST. CLOUD FL 34769

2. Principal Place of Business
1500 PARK Commerce Ct.
Suite, Apt. #, etc.

3. Mailing Address
1500 PARK Commerce Ct.
Suite, Apt. #, etc.

City & State
St. Cloud FL.

City & State
St. Cloud, FL.

4. FEI Number 59-3657679

Applied For
Not Applicable

Zip 34769 Country OSCOLA

Zip 34769 Country OSCOLA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RIVERA, ANGEL L
1500 PARK COMMERCE CT.
ST. CLOUD FL 34769

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

TITLE ST
NAME RIVERA, WANDA
STREET ADDRESS 770 ORANGE AVENUE
CITY-ST-ZIP SAINT CLOUD FL 34769 ☐ 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
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

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: *Angel Rivera*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-02 (407)957-3232
Date Daytime Phone #

CR2E034 (9/01)