

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000081151

1. Entity Name

DADE CITY FOREIGN CAR CLINIC, INC.

FILED

May 14, 2001 8:00 am  
Secretary of State

05-14-2001 90084 040 \*\*\*158.75

Principal Place of Business

Mailing Address

34131 KIEFER RD.  
DADE CITY FL 33525

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DADE CITY FL 33525

2. Principal Place of Business

13126 U.S. Hwy 301S

3. Mailing Address

Suite, Apt. #, etc.

Dade City FL.

City & State

Zip

Country

33525 PASCO

4. FEI Number

59-3673830

Applied For

Not Applicable

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

MEEKER, STEVEN E  
34131 KIEFER RD.  
DADE CITY FL 33525

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, 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 ☐ Delete  
NAME MEEKER, STEVEN E  
STREET ADDRESS 34131 KIEFER RD.  
CITY-ST-ZIP DADE CITY FL 33525

TITLE ☐ Change ☒ Addition  
NAME Secretary  
Kathleen E. Mecker  
STREET ADDRESS 34131 Kiefer Rd.  
CITY-ST-ZIP Dade City FL 33525

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEVEN E MECKER

Date

4/26/01

Daytime Phone #

352-567-7722

CR2E034 (10/00)