

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000105697

1. Entity Name

A TO Z COMPLETE AUTOMOTIVE, INC.

**FILED**  
**Mar 01, 2001 8:00 am**  
**Secretary of State**

03-01-2001 90525 001 \*\*\*150.00  
03-01-2001 90525 002 \*\*\*\*\*8.75

Principal Place of Business

4186 KINGS HIGHWAY  
UNIT 12  
PORT CHARLOTTE FL 33950

Mailing Address

4186 KINGS HIGHWAY  
UNIT 12  
PORT CHARLOTTE FL 33950

03113



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4186 Kings Hwy.  
Suite, Apt. #, etc.  
Unit 12

3. Mailing Address

4186 Kings Hwy  
Suite, Apt. #, etc.  
Unit 12

City & State

Port Charlotte, FL.

City & State

Port Charlotte, FL.

4. FEI Number

651060619

Applied For

Not Applicable

Zip

33950

Country

USA

Zip

33950

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

STRONG, WILLIAM  
4186 KINGS HIGHWAY  
UNIT 12  
PORT CHARLOTTE FL 33950

7. Name and Address of New Registered Agent

Name

William S. Strong

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

1731 Doyle Ave. Port Charlotte, FL.

City

FL

Zip Code

33954

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 William S. Strong

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-17-01

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

TITLE D ☐ Delete  
NAME STRONG, WILLIAM S  
STREET ADDRESS 1731 DOYLE AVENUE  
CITY-ST-ZIP PORT CHARLOTTE FL 33954

TITLE D ☐ Delete  
NAME FRYE, KEVIN E  
STREET ADDRESS 8452 N.W. ALAM  
CITY-ST-ZIP NORTH PORT FL 34287

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VICE PRES. ☐ Change ☐ Addition  
NAME William S. Strong  
STREET ADDRESS 1731 DOYLE AVE  
CITY-ST-ZIP Port Charlotte, FL. 33954

TITLE PRES. ☐ Change ☐ Addition  
NAME Kevin E. Frye  
STREET ADDRESS 8452 N.W. ALAM  
CITY-ST-ZIP North Port, FL. 34287

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

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

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

TITLE ☐ Change ☐ Addition  
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: William S. Strong

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-01

Date

941-625-1900

Daytime Phone #

CR2E034 (10/00)