

8/1

FILED**Sep 10, 2001 8:00 am
Secretary of State**

08-06-2001 90003 050 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000106205**1. Entity Name
RICKER AUTO SERVICE, INC.Principal Place of Business
**5240 RICKER RD.
JACKSONVILLE FL 32210**Mailing Address
**5240 RICKER RD.
JACKSONVILLE FL 32210**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

59-3680851

Applied For

Not Applicable

Zip

Country

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

**HAFIZ, AHMAD
5240 RICKER RD.
JACKSONVILLE FL 32210**

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 \$550.00
After September 12, 2001 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	Director	<input type="checkbox"/> Delete
NAME	Ahmad Hafiz	
STREET ADDRESS	8431 Weather Vane Court:	
CITY-ST-ZIP	Jacksonville, FL 32244	<input type="checkbox"/> Delete

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

TITLE	Director	<input type="checkbox"/> Delete
NAME	Ehab Hafiz	
STREET ADDRESS	6736 Newgate Cir E	
CITY-ST-ZIP	Jacksonville, FL 32244	<input type="checkbox"/> Delete

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		<input type="checkbox"/> Delete

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CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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NAME		
STREET ADDRESS		
CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED

7/30/01

513-0400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)

Attachment

12216

Q80000106205

Having just started my business a few months ago, I have always complied with any regulations that have been set. However, I never recieved the first notice of the Uniform Business Report. Recently I recieved the second notice.

A payment for \$150⁰⁰ has been mailed.

Any consideration is highly appreciated

Ahmad Hakeem