

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000113273

1. Entity Name
CUSTOMERS AUTO CARE, INC.

Principal Place of Business
2460-E NE 4TH AVENUE
POMPANO BEACH FL 33064

Mailing Address
2460-E NE 4TH AVENUE
POMPANO BEACH FL 33064

2. Principal Place of Business
2460 NE 4TH Ave.
Suite, Apt. #, etc.

3. Mailing Address
4800 N. Fed. Hwy.
Suite, Apt. #, etc.

City & State
Pompano Beach
Zip
33064
Country
Br.

City & State
Lighthouse Point.
Zip
33064
Country
Br.

4. FEI Number
65-1059614

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KOLCHKOV, VLADIMIR
4800 NORTH FEDERAL HIGHWAY
LIGHTHOUSE POINT FL 33064

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
REINSTATEMENT 01 18
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]* DATE
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP
~~Vladimir Kolchkov~~ President
Vladimir Kolchkov
800 SW 18th Boca Raton FL 33486

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP
700004733147-8
-12/19/01-01057-024
****600.00 ****600.00

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP
700004733147-8
-12/19/01-01057-025
****150.00 ****150.00

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

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

TITLE NAME ☐ Change ☐ Addition
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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 12/6/01 Daytime Phone #

FILED
01 DEC 11 PM 1:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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