

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2002 8:00 am
Secretary of State

02-03-2002 90032 001 ***150.00

DOCUMENT # P00000115520

1. Entity Name
WEST PARK AUTO REPAIR, INC.

Principal Place of Business

**5 WEST PARK AVENUE
 CHIEFLAND FL 32626**

Mailing Address

**5 WEST PARK AVENUE
 CHIEFLAND FL 32626**

2. Principal Place of Business

5 West Park Ave.

3. Mailing Address

Po Box 392

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Chiefland FL.

City & State

Chiefland FL.

4. FEI Number

59-3686103

Applied For

Not Applicable

Zip

32626

Country

Levy

Zip

32644

Country

Levy

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134**

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 **PTD** ☐ Delete
 NAME **FUSCO, PETE J**
 STREET ADDRESS **5 WEST PARK AVENUE**
 CITY-ST-ZIP **CHIEFLAND FL 32626**

TITLE **SVD** ☐ Delete
 NAME **FUSCO, MARY L**
 STREET ADDRESS **5 WEST PARK AVENUE**
 CITY-ST-ZIP **CHIEFLAND FL 32626**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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 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: Mary Fusco
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(352) 493-7758

CR2E034 (9/01)