

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90123 021 ***150.00

DOCUMENT # **P010000011212**

1. Entity Name

AUTO THERAPY & REPAIR, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1620 MASON AVENUE

Suite, Apt. #, etc.

Suite F

3. Mailing Address

P.O. BOX 290068

Suite, Apt. #, etc.

City & State

DAYTONA BEACH FL

City & State

PORT ORANGE FL

Zip

32117

Country

USA

Zip

32129

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

BEARDSLEE, JANE K.

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

907 TREE GARDEN DRIVE

City

PORT ORANGE

FL

Zip Code

32127

**DO NOT WRITE
IN THIS SPACE**

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

Jane K. Beardslee P.

Signature of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-9-02

DATE

9. This corporation is eligible to satisfy its intangible
tax filing requirement and elects to do so.
(See criteria on back)

☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 **P**
NAME **BEARDSLEE, JANE K.**
STREET ADDRESS **907 TREE GARDEN DRIVE**
CITY-ST-ZIP **PORT ORANGE FL 32127**

TITLE **V**
NAME **BEARDSLEE, DONALD R.**
STREET ADDRESS **907 TREE GARDEN DRIVE**
CITY-ST-ZIP **PORT ORANGE FL 32127**

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Jane K. Beardslee P.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-02 (386) 756-4701

Date

Daytime Phone #

CR2E034B (12/01)