

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90724 007 ***150.00

DOCUMENT # P01000036904

1. Entity Name
KRAMERS COMPLETE CAR CARE, INC.



Principal Place of Business
745 NE 19 PL
FORT MYERS FL 33903

Mailing Address
745 NE 19 PL
FORT MYERS FL 33903

11040044



2. Principal Place of Business

4206 Fowler ST
Suite, Apt. #, etc.
B

3. Mailing Address

4206 Fowler ST
Suite, Apt. #, etc.
B

CHECK HERE IF MAKING CHANGES

City & State

FT MYERS FL

City & State

FT MYERS FL

4. FEI Number 65-1095111

Applied For

Not Applicable

Zip
33901

Country
LEE

Zip
33901

Country
LEE

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

6. Name and Address of Current Registered Agent

KRAMER, RICHARD
335 KISMET PKWY
CAPE CORAL FL 33909

7. Name and Address of New Registered Agent

Name RICHARD KRAMER
Street Address (P.O. Box Number is Not Acceptable)
3515 NE 12th CT
City CAPE CORAL FL Zip Code 33909

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Richard Kramer*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-28-03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME KRAMER, DONNA
STREET ADDRESS 735 KISMET PKWY
CITY-ST-ZIP CAPE CORAL FL 33909 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME DONNA KRAMER
STREET ADDRESS 3515 NE 12th CT
CITY-ST-ZIP CAPE CORAL FL 33909 ☒ Change ☐ Addition

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Donna Kramer*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-03 239-458-1438

Date

Daytime Phone #

0513811 AV

CR2E034 (10/02)