## **2002 UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT #**

P01000055177

1. Entity Name

**Z**ip

8. The abo

SIGNATURE

ADVANCED CAR CARE INC

Principal Place of Business

100 CHAMPION AVE ALTAMONTE SPRINGS FL 32714 Mailing Address

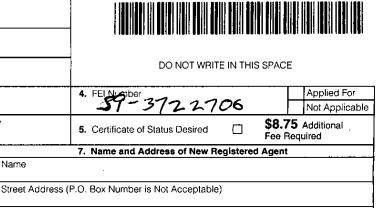
1506 E. WISCONSIN AVE. **ORANGE CITY FL 32763** 

2. Principal Place of Business	3. Mailing Address
·	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
€	
.City & State	City & State

Zip



07-09-2002 90370 007 \*\*\*550.00



FL

1506 E WISCONSIN AVE **ORANGE CITY FL 32763** 

(See criteria on back)

FOWLER, THOMAS T

ove named entity submits this statement for	or the purpose of changing its registe	ared office or registered agent, or bo	oth, in the State of Florida.
1			

Signature, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

Country

6. Name and Address of Current Registered Agent

FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State

Country

City

(NOTE: Registered Agent signature required when reinstating)

10. Election Campaign Financing Trust Fund Contribution

**\$5.00** May Be Added to Fees

Zip Code

11.	OFFICERS AND DIRECTORS		12.	ADDITIONS/CHANGES TO OFFICERS AND D	FICERS AND DIRECTORS IN 11		
TITLE	CEO	☐ Delete	TITLE		Change	Addition	
NAME	FOWLER, THOMAS T		NAME				
STREET ADDRESS	1506 E WISCONSIN AVE		STREET ADDRESS				
CITY-ST-ZIP	ORANGE CITY FL 32763		CITY-ST-ZIP				
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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 chapted or an attachment with an address with all other like empowered. all other like empowers

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #