

2002 UNIFORM BUSINESS REPORT (UBR)

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

02-21-2002 90058 018 ***150.00

DOCUMENT # P01000073057

1. Entity Name

LAKENHEATH AUTO SERVICES, INC.

Principal Place of Business

6324 SPOONBILL DR.
NEW PORT RICHEY FL 34652

Mailing Address

6324 SPOONBILL DR.
NEW PORT RICHEY FL 34652

2. Principal Place of Business

7050 SOUTH BROAD ST.

3. Mailing Address

SAME

Suite, Apt. #, etc.
NONE

Suite, Apt. #, etc.

City & State
BROOKSVILLE, FL 34601City & State
SAMEZip Country
HERNANDO

Zip Country

4. FEI Number

59 245 1600

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

PENWILL, REGINALD
6324 SPOONBILL DR.
NEW PORT RICHEY FL 34652

7. Name and Address of New Registered Agent

Name CHARLES GIST

Street Address (P.O. Box Number is Not Acceptable)
7050 SOUTH BROAD ST.

BROOKSVILLE, FL 34601

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 PSTD ☒ Delete
NAME PENWILL, REGINALD
STREET ADDRESS 6324 SPOONBILL DR.
CITY-ST-ZIP NEW PORT RICHEY FL 34652

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD ☒ Change ☐ Addition
NAME CHARLES GIST
STREET ADDRESS 7050 SOUTH BROAD ST.
CITY-ST-ZIP BROOKSVILLE, FL 34601

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

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

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TITLE ☐ Change ☐ Addition
NAME
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)(f), 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 REQUIRED

CHARLES GIST PRES.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)