

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

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91327 020 ***150.00

DOCUMENT # **PO1000093955**

1. Entity Name

AUTO MASTER'S Automotive, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1049 N Hwy 17-92

Suite, Apt. #, etc.

3. Mailing Address

1049 N Hwy 17-92

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

LONGWOOD Florida

City & State

LONGWOOD Florida

4. FEI Number

59 374 5101

Applied For

Not Applicable

Zip

32750

Country

USA

Zip

32750

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

MIEDEMA, HJALMAR J.

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

7619 ALACHUA STREET

City

ORLANDO

FL

Zip Code

32822

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when new filing)

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 \$65.25
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	MIEDEMA, HJALMAR J
STREET ADDRESS	7619 ALACHUA STREET
CITY - ST - ZIP	ORLANDO FLORIDA 32822
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
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NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
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 empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-02

Date

407 696 0500

Daytime Phone #

CR2E034B (12/01)