

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2003 8:00 am
Secretary of State

02-07-2003 90038 007 ***150.00

DOCUMENT # P01000115657

1. Entity Name

AUTOMOTIVE SERVICE AND PERFORMANCE, INC.



Principal Place of Business

**4865 CAPITAL CIRCLE SW
TALLAHASSEE FL 32305**

Mailing Address

**4865 CAPITAL CIRCLE SW
TALLAHASSEE FL 32305**

2. Principal Place of Business

3. Mailing Address

P.O. Box 398

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Eastpoint, FL

Zip

Country

Zip

32328

Country

4. FEI Number

30-0016876

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EDWARDS, TAMMY L

795 HWY 98 W

EASTPOINT FL 32328

Name

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

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

SIGNATURE *Tammy L. Edwards*, *Tammy L. Edwards*

02-05-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **CASTLE, SHAWN C**
CITY-ST-ZIP **10424 MERRIBROOK LANE
TALLAHASSEE FL 32312**

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

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **CASTLE, STACEY J**
CITY-ST-ZIP **10424 MERRIBROOK LANE
TALLAHASSEE FL 32312**

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

TITLE ☐ Delete
NAME **VP**
STREET ADDRESS **EDWARDS, BOBBY G**
CITY-ST-ZIP **P.O. BOX 398
EASTPOINT FL 32328**

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

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **EDWARDS, TAMMY L**
CITY-ST-ZIP **P.O. BOX 398
EASTPOINT FL 32328**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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.

Tammy L. Edwards, *Tammy L. Edwards*

Date

Daytime Phone #

CR2E034 (10/02)

02-05-03 850-561-1500