

P19 000087537

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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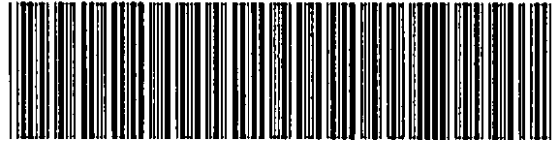
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Old Resignation

NOV 17 2022

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Old Fashioned Auto Repair Inc.

(Name of Corporation)

DOCUMENT NUMBER: P19000087537

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

Robert L Gielow

(Name of Person)

Old Fashioned Auto Repair Inc

(Name of Firm/Company)

4009 West Palomar Circle

(Address)

Labelle, FL 33935

(City/State and Zip Code)

For further information concerning this matter, please call:

Lori or Robert Gielow at (863) 517-0122

(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Robert L. Gielow, hereby resign as Director
(Title)

of Old Fashioned Auto Repair Inc.
(Name of Corporation)

P19000087537, a corporation organized under the laws of the State of
(Document Number, if known)

Florida


(Signature of resigning officer/director)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RECEIVED
FEB 11 2014
FIDELITY & SECURITY
CORPORATION

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P19000087537 - Document #

Entity Name: OLD FASHIONED AUTO REPAIR INC.

Current Principal Place of Business:

1209 HOMESTEAD RD N
UNIT 1
LEHIGH ACRES, FL 33936

Current Mailing Address:

1209 HOMESTEAD RD N
UNIT 1
LEHIGH ACRES, FL 33936 US

FEI Number: 84-3819159

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WILLIAMS, JOHN
1039 GREENFIELD ST
LEHIGH ACRES, FL 33974 US

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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name WILLIAMS, JOHN
Address 1039 GREENFIELD ST
City-State-Zip: LEHIGH ACRES FL 33974

Title VP
Name WILLIAMS, BRANDI
Address 1039 GREENFIELD ST
City-State-Zip: LEHIGH ACRES FL 33974

Title D
Name GIELOW, ROBERT
Address 4009 W. PALOMAR CIRCLE
City-State-Zip: LABELLE FL 33935

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BRANDI WILLIAMS

VP

04/28/2022

Electronic Signature of Signing Officer/Director Detail

Date