

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P92000011432**

1. Entity Name

WILDWOOD AUTO REPAIR & WRECKER SERVICE, INC.**FILED****Jan 25, 2000 8:00 am**
Secretary of State

01-25-2000 90027 019 ***150.00

Principal Place of Business
**1190 SOUTH MAIN STREET
WILDWOOD FL 34785
US**

Mailing Address
**P O BOX 645
WILDWOOD FL 34785-0645
US**

2. Principal Place of Business

3. Mailing Address



DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3154442**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GOUGH, LYNDIA S
1190 S. MAIN STREET
P.O. BOX 645
WILDWOOD FL 34785**

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.

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, 2000 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 | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|----------------------------|--------------------------|---|--|
| TITLE | PS | TITLE | |
| NAME | GOUGH, LYNDIA | NAME | |
| STREET ADDRESS | 1190 S. MAIN STREET | STREET ADDRESS | |
| CITY-ST-ZIP | WILDWOOD FL 34785 | CITY-ST-ZIP | |
| TITLE | VP | TITLE | |
| NAME | GOUGH, JAMES T. | NAME | |
| STREET ADDRESS | 2880 CR 415 / PO BOX 913 | STREET ADDRESS | |
| CITY-ST-ZIP | LAKE PANASOFFKEE FL | CITY-ST-ZIP | |
| TITLE | ST | TITLE | |
| NAME | CASON, DANIEL R. | NAME | |
| STREET ADDRESS | 300 CLAY DRAIN RD | STREET ADDRESS | |
| CITY-ST-ZIP | WILWOOD FL | CITY-ST-ZIP | |
| TITLE | | TITLE | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
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| TITLE | | TITLE | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | 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)(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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lyndia S. Gough* **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-00

Date

(352) 748-1716

Daytime Phone #