

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000007686

1. Entity Name

LIBERTY AUTO CLINIC, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90920 038 ***150.00

Principal Place of Business

Mailing Address

~~3240 NAOMI RD~~
LAKELAND FL 33803

~~3240 NAOMI RD~~
LAKELAND FL 33803-2204

2. Principal Place of Business

1304 S. FLORIDA AVE

3. Mailing Address

1304 S. FLORIDA AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAKELAND FL

City & State

LAKELAND FL

Zip

33803

Country

USA

Zip

33803

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2251601

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LONG, WILLIAM E
~~3240 NAOMI ROAD~~
LAKELAND FL 33803

1304 S. FLORIDA AVE

7. Name and Address of New Registered Agent

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

WILLIAM E. LONG

4/21/2000

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PDVD
LONG, WILLIAM E
4406 HALLAMVIEW LN
LAKELAND FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM E. LONG

Date

Daytime Phone #

4/21/2000

863-413-1865

CR2E034 (9/99)