

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90033 011 ***150.00

DOCUMENT # P93000018501

1. Entity Name
UNITED AUTO CLINIC INC.

Principal Place of Business

**1002 N HOWARD AVENUE
TAMPA FL 33607
US**

Mailing Address

**1002 N HOWARD AVE
TAMPA FL 33607**



2. Principal Place of Business

1002 N. Howard Ave
Suite, Apt. #, etc.

3. Mailing Address

1002 N. Howard Ave
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Tampa FL

City & State

Zip
33607 Country
FL

4. FEI Number
59-3182096

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MURRAY, TULAH
1002 N HOWARD AVE.
TAMPA FL 33607**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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 ☐ Delete
NAME **DP**
STREET ADDRESS **MURRAY, HUBERT S**
CITY-ST-ZIP **1002 N HOWARD AVE
TAMPA FL 33607**

TITLE ☐ Delete
NAME **PDST**
STREET ADDRESS **MURRAY, TULAH V**
CITY-ST-ZIP **1002 N HOWARD AVE
TAMPA FL**

TITLE ☐ Delete
NAME **V**
STREET ADDRESS **GABBIDON, FITZROY K**
CITY-ST-ZIP **1002 N HOWARD AVE
TAMPA FL 33607**

TITLE ☐ Delete
NAME **DP**
STREET ADDRESS **GABBIDEN, FITZROY K**
CITY-ST-ZIP **1002 N HOWARD
TAMPA FL 33607**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: **Tulah V. Murray**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-02-(813)254-4459
Date Daytime Phone #

CR2E034 (9/01)