

2001 UNIFORM BUSINESS REPORT

FILED
Jun 21, 2001 8:00 am
Secretary of State

04-30-2001 90018 023 ***150.00

DOCUMENT # P93000066123

1. Entity Name

FRIENDLY AUTO REPAIR AND SERVICE, INC.

Principal Place of Business

5315 W. INGRAHAM ST.
TAMPA FL 33616-1914

Mailing Address

5315 W. INGRAHAM ST.
TAMPA FL 33616-1914

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3206180

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current

Registered Agent

DUKES, DELOIS
4010 W WISCONSIN AVENUE
TAMPA FL 33616-1138

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

or the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Hinesman

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

(NOTE: Registered Agent signature required when resigning)

DATE

9. This corporation is eligible to satisfy its Internal Tax filing requirement and elects to do so. (See criteria on back)

10.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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

DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

OP
DUKES, HINESMAN
4010 W. WISCONSIN AVENUE
TAMPA FL 33616-1138

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

OP
DUKES, TRACY L
4010 W. WISCONSIN AVENUE
TAMPA FL 33616

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

13. I hereby certify that the information supplied indicated on this report or supplemental of the corporation or the receiver or trust changed, or on an attachment with an

with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information my signature shall have the same legal effect as if made under oath, that I am an officer or director as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information my signature shall have the same legal effect as if made under oath, that I am an officer or director as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

Tracy L Dukes

5-10-01

813-831-8627

Date

Daytime Phone #

CR2E034 (10/00)