

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 19, 2002 8:00 am
Secretary of State

06-19-2002 90461 040 ***150.00

DOCUMENT # P94000023532

1. Entity Name

CHECKERED FLAG AUTO REPAIR, INC.

Principal Place of Business

**131 SW 3RD PL
CAPE CORAL FL 33991**

Mailing Address

**131 SW 3RD PL
CAPE CORAL FL 33991**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0472296

Applied For

Not Applicable

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

**HEMPFLING, NICHOLAS M
316 NW 38TH PL
CAPE CORAL FL 33993**

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, 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

NAME

STREET ADDRESS

CITY-ST-ZIP

**D
HEMPFLING, NICHOLAS M
316 NW 38TH PL
CAPE CORAL FL**

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

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CITY-ST-ZIP

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CITY-ST-ZIP

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TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

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

☐ Change

☐ Addition

TITLE

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CITY-ST-ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ 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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-19-02

CR2E034 (9/01)



Attachment
869859

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

May 29, 2002

CHECKERED FLAG AUTO REPAIR, INC.
131 SW 3RD PL
CAPE CORAL, FL 33991

Subject: **CHECKERED FLAG AUTO REPAIR, INC.**

Reference Number: P94000023532

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The check submitted is not payable to this office. Please make your check payable to the Department of State.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/RJ

ANNUAL REPORTS SECTION