

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90037 031 ***150.00

DOCUMENT # P94000065063

1. Entity Name

Rick's Auto Tint, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

23 S Yonge Street

3. Mailing Address

23 S Yonge Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Ormond Beach FL

City & State
Ormond Beach FL

4. FEI Number
59-3267846

Applied For
Not Applicable

Zip
32174

Country
USA

Zip
32174

Country
USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Rickey D Westfall

Street Address (P.O. Box Number is Not Acceptable)

23 S Yonge Street

City
Ormond Beach FL Zip Code
32174

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) ☒

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 D
NAME Westfall, Ricket D
STREET ADDRESS 23 S Yonge Street
CITY-ST-ZIP Ormond Beach FL 32174

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME Westfall, Geraldine
STREET ADDRESS 23 S Yonge Street
CITY-ST-ZIP Ormond Beach FL 32174

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 reports 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 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 #

CR2E034B (12/01)