

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 10, 2000 8:00 am
Secretary of State

08-10-2000 90005 033 ***150.00

DOCUMENT # **P94000077917**

1. Entity Name

THE CARSMITHS AUTOMOTIVE SERVICE Co.

Principal Place of Business

Mailing Address

**960 E CARROLL ST
 KISSIMMEE, FL
 34744**

**960 E CARROLL ST
 KISSIMMEE, FL
 34744**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3274172

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SMITH, KIP A.
 2537 JASMINE TRACE DR
 KISSIMMEE, FL 34758**

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 celebrating)

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	SMITH, KIP A.	
STREET ADDRESS	2537 JASMINE TRACE DR	
CITY-ST-ZIP	KISSIMMEE, FL 34758	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(g), 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: **X Kip Smith**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Filing Time/Date #

CR2E034 (9/99)

Michael G. Margio, C.P.A., P.A.

Attachment # P94000077917

DO07821

Phone (407) 847-8088
Fax (407) 847-6235

Certified Public Accountant
200 East Monument Avenue, Suite C
Kissimmee, Florida 34741

8/4/2000

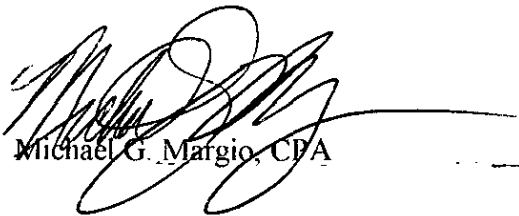
Annual Reports Filing
Division of Corporations
P O Box 6327
Tallahassee, FL 32314

Re: The Carsmiths Automotive Service Company
#P94000077917

Dear Sir/Madam:

Please find enclosed the 2000 Annual Report for the above corporation. Also find enclosed a check for \$150.00. Please waive the additional fee of \$400.00 for the corporation as we overlooked sending the amount on time. I am sure your office mailed the annual report notice to be sent in, however the notice was never received and this was overlooked. We apologize for the inconvenience and ask that you waive the \$400.00 additional fee and accept the usual \$150.00 amount. Thank you in advance for your time and consideration in this matter. If you any further questions please do not hesitate to contact me.

Sincerely,



Michael G. Margio, CPA