

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000089160

Entity Name
D & R AUTOMOTIVE CORPORATION

FILED
Apr 17, 2000 8:00 am
Secretary of State
04-17-2000 90080 027 ***150.00

Principal Place of Business
WASHBURN RD
FL 32934

Mailing Address
2124 HEATH RD.
MELBOURNE FL 32935-3033



Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3282467
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
REYNOLDS, DANIEL F
2124 HEATH RD
MELBOURNE FL 32935-3030

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

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

OFFICERS AND DIRECTORS

P	REYNOLDS, DANIEL F	<input type="checkbox"/> Delete
ADDRESS	2124 HEATH RD.	
ST-ZIP	MELBOURNE FL 32935	
ST	REYNOLDS, ALICE M	<input type="checkbox"/> Delete
ADDRESS	2124 HEATH RD.	
ST-ZIP	MELBOURNE FL 32935	
ADDRESS		<input type="checkbox"/> Delete
ST-ZIP		
ADDRESS		<input type="checkbox"/> Delete
ST-ZIP		
ADDRESS		<input type="checkbox"/> Delete
ST-ZIP		
ADDRESS		<input type="checkbox"/> Delete
ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	

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: DANIEL F REYNOLDS 4/6/00 3212584771
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)