

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000092094

1. Entity Name

JAY WEBB'S FOREIGN CAR REPAIR, INC.

**FILED**  
**Mar 08, 2000 8:00 am**  
**Secretary of State**

03-08-2000 90081 050 \*\*\*158.75

Principal Place of Business

6725 EDGEWATER DRIVE  
ORLANDO FL 32810

Mailing Address

6725 EDGEWATER DRIVE  
ORLANDO FL 32810-4219

2. Principal Place of Business

6725 Edgewater dr  
Suite, Apt. #, etc.

3. Mailing Address

6725 Edgewater dr  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Orlando FL

City & State

Orlando FL

4. FEI Number

59-3292677

Applied For

Not Applicable

Zip

32810

Country

Orange

Zip

32810

Country

Orange

5. Certificate of Status Desired ☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WEBB, MARGUERITE B  
6725 EDGEWATER DRIVE  
ORLANDO FL 32810

7. Name and Address of New Registered Agent

Name

THOMAS J FINCH

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

6725 EDGEWATER DRIVE

City

Orlando

FL

Zip Code

32810

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 Thomas Finch - Thomas Finch VSD 3-6-2000  
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, 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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	WEBB, JAY C	
STREET ADDRESS	6725 EDGEWATER DRIVE	
CITY - ST - ZIP	ORLANDO FL 32810	
TITLE	VSD	<input checked="" type="checkbox"/> Delete
NAME	WEBB, MARGUERITE B	
STREET ADDRESS	6725 EDGEWATER DRIVE	
CITY - ST - ZIP	ORLANDO FL 32810	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<del>PD</del> VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Thomas Finch	
STREET ADDRESS	6725 EDGEWATER DRIVE	
CITY - ST - ZIP	ORLANDO FL 32810	
TITLE	<del>VSD</del> PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARIE FINCH	
STREET ADDRESS	6725 EDGEWATER DRIVE	
CITY - ST - ZIP	ORLANDO FL 32810	
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)(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: Thomas Finch 3-6-2000 407-298-3290  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)