

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

Roberts MAY 03 2005

DOCUMENT # 7 95000000274

1. Entity Name

Capital City Radiator Shop Inc

1711-S. Monroe ST Tall, FL 32301

FILED

05 APR 29 PM 4:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1711-S. Monroe ST

Suite, Apt. #, etc.

3. Mailing Address

1711-S. Monroe ST

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Tall, FL

City & State

Tall, FL

4. FEI Number

59.3285317

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Aileen Faircloth

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

5036 Julie Ln

City

Tall, FL

FL

Zip Code

32305

**DO NOT WRITE
IN THIS SPACE**

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

NAME

STREET ADDRESS

CITY-ST-ZIP

VSTD

Faircloth Aileen

5036 Julie Ln Tall, FL 32305

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

900054339919

05/12/05--01071--008 **150.00

TITLE

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Aileen Faircloth

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-05

Date

850.224-1898

Daytime Phone #

CR2E034B (12/01)