

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000068262

1. Entity Name

LEX'S AUTOMOTIVE & 4 WHEEL DRIVE REPAIR, INC.

Principal Place of Business

1510 8TH AVE. WEST
PALMETTO FL 34221

Mailing Address

1510 8 AVE W.
PALMETTO FL 34221-3122

2. Principal Place of Business

630 HASKO RD
Suite, Apt. #, etc.

3. Mailing Address

← Same
Suite, Apt. #, etc.

City & State

Palmetto FL

City & State

Palmetto FL

Zip

34221

Country

MANATEE

Zip

34221

Country

FL

4. FEI Number

65-0608101

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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 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	P	☐ Delete
NAME	LEX, EDWARD A.	
STREET ADDRESS	1510 8 AVE W.	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	VP	☐ Delete
NAME	LEX, TANYA	
STREET ADDRESS	708 64TH AVE DR. W.	
CITY-ST-ZIP	BRADENTON FL 34207	
TITLE	S	☐ Delete
NAME	LEX, TANYA	
STREET ADDRESS	708 64TH AVE DR. W.	
CITY-ST-ZIP	BRADENTON FL 34207	
TITLE	VS	☐ Delete
NAME	LEX, EDWARD A.	
STREET ADDRESS	708 64TH AVE DR. W.	
CITY-ST-ZIP	BRADENTON FL 34207	
TITLE	T	☐ Delete
NAME	LEX, TANYA S.	
STREET ADDRESS	708 64TH AVE DR. W.	
CITY-ST-ZIP	BRADENTON FL 34207	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ 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:

Tanya S. Lex
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-20-00 941-723-0806

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90050 044 ***150.00

00009107



DO NOT WRITE IN THIS SPACE