

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000086766

1. Entity Name
B & L COMPLETE AUTOMOTIVE REPAIR, INC.



FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90084 036 ***150.00

Principal Place of Business
27880 INDUSTRIAL ST
BONITA SPRINGS FL 34133

Mailing Address
P.O. BOX 1886
BONITA SPRINGS FL 34133



2. Principal Place of Business
INDUSTRIAL ST.
BONITA SPRINGS,
FL.

3. Mailing Address
P.O. BOX 1886
BONITA SPRINGS
FL.

☐ CHECK HERE IF MAKING CHANGES

City & State
FL.

Zip
34133

Country
LEE

City & State
FL.

Zip
34133

Country
LEE

4. FEI Number **65-0622151**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MOORE, CHARLES R
27880 INDUSTRIAL ST
BONITA SPRINGS FL 34133

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Charles R. Moore** **1-12-03**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
MOORE, CHARLES R
27681 MATHIESON ST
NAPLES FL 34113

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
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☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE **Charles R. Moore**

1-12-03

239-992-0431

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)