

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000096733

1. Entity Name

LUCY'S AUTO CLINIC, INC.

FILED
Jul 12, 2000 8:00 am
Secretary of State

07-12-2000 90015 018 ***150.00

Principal Place of Business

2070 G TIGERTAIL BLDG. NO. 2
DANIA FL 33004

Mailing Address

2070 G TIGERTAIL BLDG. NO. 2
DANIA FL 33004

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0642015**

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

REESE, BRUCE
2000 STIRLING RD
DANIA FL 33004

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 of the 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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Delete
NAME REESE, LUCY
STREET ADDRESS 8201 SW 30TH ST
CITY-ST-ZIP DAVIE FL

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

TITLE P ☐ Delete
NAME REESE, BRUCE
STREET ADDRESS 8201 SW 30TH ST
CITY-ST-ZIP DAVIE FL

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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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: X

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Attachment
D# 995000096739
D0069715

LUCY'S AUTO CLINIC INC.
2000 STIRLING ROAD
DANIA, FLORIDA
33004

JULY 5,00

FLORIDA DEPT. OF STATE
DIVISION OF CORPORATIONS
UNIFORM BUSINESS REPORT FILINGS
P.O. BOX 1500
TALLAHASSEE, FLORIDA
33202-1500

TO WHOM IT MAY CONCERN

PLEASE BE ADVISED WE DID NOT RECEIVE 1ST NOTICE OF FORM 2000 UNIFORM BUSINESS REPORT DUE TO BE PAID BY MAY 1, 00.

WE DID RECEIVE SECOND NOTICE ON JULY 5, 2000 12,00

MY SECRETARY MADE SEVERAL CALLS TO TELEPHONE #850-487-6056 NOTIFYING YOU WE DID NOT RECEIVE FIRST NOTICE, BUT AS THIS DATE NO ONE RETURNED OUR CALL.

IS IT POSSIBLE THAT YOU WILL WAIVE THE LATE FEE,

ENCLOSED IS OUR CHECK #13937 DATED JULY 6, 2000 FOR \$150.00.

SINCERELY,



BRUCE REESE
PRESIDENT
