

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

DOCUMENT # P96000027352

1. Entity Name

D&A Auto Care, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5603 E. Colonial Drive

Suite, Apt. #, etc.

3. Mailing Address

5603 E. Colonial Drive

Suite, Apt. #, etc.

City & State
Orlando, FL

City & State
Orlando, FL

4. FEI Number
59-3367568

Applied For
Not Applicable

Zip
32807

Country

Zip
32807

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Dave Thakar

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

1002 Cutoff Branch Road

City

Oviedo

FL

Zip Code
32765

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

PST
Dave Thakar
1002 Cutoff Branch Road
Oviedo, FL 32765

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/1/02

407-277-4888

CR2E034B (12/01)

D&A Auto Care, Inc.
5603 E. Colonial Drive
Orlando, Florida 32807

Attachments

April 23, 2002

P96000027352

Division of Corporations
P.O. Box 1500
Tallahassee, FL 32303-1500

Re: D&A Auto Care, Inc Uniform Business Report

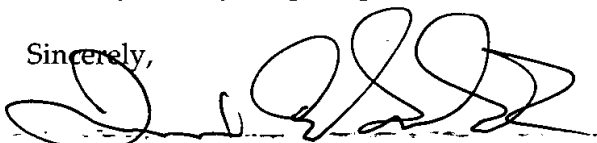
To Whom It May Concern:

Please find enclosed our check in the amount of \$450.00. Our company relocated and we never received our Uniform Business Reports as they were not forwarded to our new address. We were not aware that this report was delinquent since we are a new corporation.

We would appreciate your consideration in abating these penalties. Should you have any questions please do not hesitate to contact us.

Thank you for your prompt attention to this matter

Sincerely,



Dave Thakur
President