

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2001 8:00 am
Secretary of State

0283440

DOCUMENT # P96000047984

1. Entity Name

GEORGE'S AUTO WORKS INC.

03-20-2001 90045 007 ***150.00

Principal Place of Business

Mailing Address

**3938 WESTGATE AVE
 WEST PALM BEACH FL 33405
 US**

**11747 LAUREL VALLEY CIR
 WELLINGTON FL 33414
 US**

2. Principal Place of Business

3938 Westgate Ave

3. Mailing Address

10376 Pippin LN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

West Palm Bch FL

City & State

Royal Palm Beach

Zip

33409

Country

FL

Zip

33411

Country

FL

4. FEI Number

60-2217475

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

**GONZALEZ, GEORGE
 11747 LAUREL VALLEY CIR
 W PALM BEACH FL 33414**

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
 NAME **GONZALEZ, GEORGE**
 STREET ADDRESS **11747 LAUREL VALLEY CIRCLE**
 CITY-ST-ZIP **WELLINGTON FL 33414**

TITLE **George Gonzalez** ☒ Change ☐ Addition
 NAME **George Gonzalez**
 STREET ADDRESS **10376 Pippin LN**
 CITY-ST-ZIP **Royal Palm Beach FL 33411**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-01

Date

(561) 615-9135

Daytime Phone #

CR2E034 (10/00)