

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000000026

1. Entity Name

MOBIL CAR CARE OF SANIBEL, INC.

Principal Place of Business

1215 PERIWINKLE WAY
SANIBEL FL 33957

Mailing Address

1215 PERIWINKLE WAY
SANIBEL FL 33957

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

GUNN, GEORGE
1523 BLOXHAM AVE.
PUNTA GORDA FL 33982

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, 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

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
PT SPILLANE, LOWELL T
TAMARACK SHORES
SHELBURNE VT 05482 ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
VPS SPILLANE, SUSAN G
TAMARACK SHORES
SHELBURNE VT 05402 ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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:

Susan G. Spillane
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SUSAN G. SPILLANE

(941) 472-2727

Date

Daytime Phone #

FILED
Mar 21, 2001 8:00 am
Secretary of State

03-21-2001 90031 016 ***150.00

00021030



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0731889

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

0391270

CR2E034 (10/00)