

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2000 8:00 am
Secretary of State
 03-27-2000 90110 005 ***150.00

DOCUMENT # P97000017472

1. Entity Name

CHECKERED FLAG CARS & TRUCKS CO.

Principal Place of Business

**4305 STONEBROOK DRIVE
 SANFORD FL 32773**

Mailing Address

**4305 STONEBROOK DRIVE
 SANFORD FL 32773-4960**

2. Principal Place of Business

203 BALBOA CT.

3. Mailing Address

203 BALBOA CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SANFORD FL.

City & State

SANFORD FL.

4. FEI Number

59-3430411

Applied For

Not Applicable

Zip

Country

32773

SEMINOLE

Zip

Country

32773

SEMINOLE

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**AMERILAWYER CHARTERED
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134**

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, 2000 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 **PSTD** ☐ Delete
 NAME **DWORNICK, MYRON H**
 STREET ADDRESS **4305 STONEBROOK DRIVE**
 CITY-ST-ZIP **SANFORD FL 32773**

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD** ☒ Change ☐ Addition
 NAME **DWORNICK, MYRON H**
 STREET ADDRESS **203 BALBOA CT.**
 CITY-ST-ZIP **SANFORD FL 32773**

TITLE ☐ Change ☐ Addition
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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 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

MYRON H. DWORNICK

Date

Daytime Phone #

CR2E034 (9/99)