

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000018435

1. Entity Name

KYLE'S TRANSMISSION & CAR REPAIR, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90452 045 ***158.75

Principal Place of Business

3910 14TH STREET W
 BRADENTON FL 34205
 US

Mailing Address

3910 14TH ST W
 BRADENTON FL 34205-6004
 US

2. Principal Place of Business

925 Manatee Ave E.

Suite, Apt. #, etc.

3. Mailing Address

925 Manatee Ave E.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Bradenton FL

City & State

Bradenton FL

4. FEI Number

59-3431423

Applied For

Not Applicable

Zip

Country

34208

Manatee

Zip

Country

34208

Manatee

5. Certificate of Status Desired

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\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

DANN, PHILIP W
 516 17TH AVENUE WEST
 BRADENTON FL 32405

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)

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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.

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**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE PVP
 NAME ROBERTSON, KYLE G
 STREET ADDRESS 3607 6TH AVENUE W
 CITY-ST-ZIP PALMETTO FL 34221

☐ Delete

TITLE ST
 NAME ROBERTSON, CAROL E
 STREET ADDRESS 3607 6TH AVE W
 CITY-ST-ZIP PALMETTO FL 34221

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
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 CITY-ST-ZIP

☐ Change ☐ Addition

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☐ 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:

Carol Robertson CAROL ROBERTSON
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-00

Date

941-750-9476

Daytime Phone #

CR2E034 (9/99)