

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000019095

1. Entity Name
CHEEK'S REFINISHING & REPAIR, INC.

R

FILED
Jul 24, 2000 8:00 am
Secretary of State

07-24-2000 90015 020 ***150.00

Principal Place of Business
2616 NE 18TH TERRACE
GAINESVILLE FL 32609

Mailing Address
2616 NE 18TH TERRACE
GAINESVILLE FL 32609



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3083661

Applied For

Not Applicable

Zip

Country

Zip

Country

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

STAKELY, JAMES O JR
2616 NE 18TH TERRACE
GAINESVILLE FL 32609

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 D ☐ Delete
NAME STAKELY, JAMES O JR
STREET ADDRESS 2616 NE 18TH TERRACE
CITY-ST-ZIP GAINESVILLE FL 32609

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

7/20/00
Date

352-372-2962
Daytime Phone #

CR12E014 (5/00)

pan000019095

AD061425



CHEEK'S
FURNITURE REFINISHING & REPAIR
2616 N.E. 18th TERRACE
GAINESVILLE, FL 32609

352-

372-2962

JIM STAKELY, OWNER

FLORIDA DEPT. OF STATE
DIVISION OF CORPORATION
RE: SECOND NOTICE

7/20/00

THIS IS THE ONLY NOTICE OF FILING

~~I HAVE RECEIVED. I AM SENDING 150⁰⁰ FILING~~
FEE. PLEASE REMOVE PENALTY.

THANK YOU