

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000020793

1. Entity Name

JOHN'S REPAIR SPECIALIST, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90980 010 ***150.00

Principal Place of Business

Mailing Address

2816 SW 17TH PLACE
 CAPE CORAL FL 33914

2816 SW 17TH PLACE
 CAPE CORAL FL 33914-4015

2. Principal Place of Business

1916 SW 6th Ave

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Cape Coral Florida

City & State

4. FEI Number

65-0727362

Applied For

Not Applicable

Zip

Country

Zip

Country

33990

Lee

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

SLATER, DEANNA
 2816 SW 17TH PLACE
 CAPE CORAL FL 33914

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
 NAME SLATER, JOHN A JR ☐ Delete
 STREET ADDRESS 2816 SW 17TH PL
 CITY-ST-ZIP CAPE CORAL FL 33914

TITLE P
 NAME SLATER, JOHN A JR ☒ Change ☐ Addition
 STREET ADDRESS 1916 SE 6TH AVENUE
 CITY-ST-ZIP CAPE CORAL, FL 33990 ADDRESS ONLY

TITLE ST
 NAME SLATER, DEANNA ☐ Delete
 STREET ADDRESS 2816 SW 17TH PL
 CITY-ST-ZIP CAPE CORAL FL 33914

TITLE ST
 NAME SLATER, DEANNA ☒ Change ☐ Addition
 STREET ADDRESS 1916 SE 6TH AVENUE
 CITY-ST-ZIP CAPE CORAL, FL 33990

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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: DeAnna Slater DeAnna Slater

4-28-00

Date

Daytime Phone #

CR2E034 (9/99)