

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000058217

1. Entity Name

B & D PERFORMANCE AUTO, INC.

FILED
Apr 23, 2000 8:00 am
Secretary of State

04-23-2000 90004 025 ***150.00

Principal Place of Business

Mailing Address

1325 CHINOOK TRAIL CT
JACKSONVILLE FL 32225

3617 CROWN PT RD
#4
JACKSONVILLE FL 32257-9010
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3466565

Applied For

Not Applicable

Zip

Country

Zip

Country

32241

USA

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

Name

Street Address (P.O. Box Number is Not Acceptable)

3617 Crown Point Rd.
SUITE #1

City

Jacksonville

FL

Zip Code

32257

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 VTS
NAME DITORE, BRIAN
STREET ADDRESS 1325 CHINOOK TRAIL CT
CITY-ST-ZIP JACKSONVILLE FL 32225

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME DITORE, BRIAN
STREET ADDRESS 1325 CHINOOK TRAIL CT
CITY-ST-ZIP JACKSONVILLE FL 32225

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE P S T
NAME LEMUS, R
STREET ADDRESS 1325 CHINOOK TR CT
CITY-ST-ZIP JAX FL 30225

☐ Delete

PST

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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:

[Signature]

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

✓ 2-3-00 288-8799

CR2E034 (9/99)