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## 2001 UNIFORM BUSINESS REPORT (UBR)

## Feb 01, 2001 8:00 am DOCUMENT # P9700066904 **Secretary of State** AUBURNDALE TUNE-UP CENTER, INC. 02-01-2001 90160 045 \*\*\*150.00 Principal Place of Business Mailing Address 235 E. LAKE DR. 235 E. LAKE DR. AUBURNDALE FL 33823 AUBURNDALE FL 33823 UUU12355 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3426666 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BASS, FLOYD LEON JR Street-Address (P.O. Box Number-is Not Acceptable)\_\_ 3120 AVENUE U, N.W. WINTER HAVEN FL 33881 City 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible ction Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 ist Fund Contribution. $\Box$ Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Change Addition TITLE ☐ Delete TITLE BASS, FLOYD LEON JR NAME NAME 3120 AVENUE U. N.W. STREET ADDRESS STREET ADDRESS WINTER HAVEN FL 33881 CITY-ST-ZIP CITY-ST-ZIP ... Delete TITLE ☐ Change ☐ Addition TITLE BASS, HANNA NAME NAME 3120 AVENUE U. N.W. STREET ADDRESS STREET ADDRESS WINTER HAVEN FL 33881 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change BASS, FLOYD LEON III NAME NAME 3120 AVENUE U, N.W. STREET ADDRESS STREET ADDRESS WINTER HAVEN FL 33881 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE □ Change ☐ Addition TITLE

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 attachyllogy with an address, with all other like empowered.

NAME

STREET ADDRESS CITY-ST-ZIP

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NAME STREET ADDRESS

NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Daytim

Daytime Phone #