

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97Q00067334

1. Entity Name

COMMERCIAL DEFENSIVE DRIVING SCHOOL, INC.

FILED

Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90406 038 ***150.00

Principal Place of Business

Mailing Address

1940 MARAVILLA AVE.
FT. MYERS FL 33901

POB 127
FT. MYERS FL 33902
US

C0054513



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

8695 College Parkway

Suite, Apt. #, etc.

Suite 341

Suite, Apt. #, etc.

City & State

Ft. Myers FL

City & State

4. FEI Number

65-0784532

Applied For

Not Applicable

Zip
33919

Country
USA

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

WYATT, SUE G
1940 MARAVILLA AVE.
FT. MYERS FL 33901

Name

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

1323 Rio Vista

City

Ft. Myers

FL

Zip Code
33901

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

Sue G. Wyatt, President

4-18-01

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, 2001 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PT
WYATT, S G
1940 MARAVILLA AVE
FT MYERS FL 33901 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
8695 College Pkwy Suite 341
Ft. Myers FL 33919 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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:

Sue G. Wyatt, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-01

Date

941-275-1940

Daytime Phone #

CR2E034 (10/00)