

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000077625

1. Entity Name

AUTO SERVICE CENTERS, INC.

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90052 001 ***300.00

Principal Place of Business

Mailing Address

1605 SOUTH MISSOURI AVE.
CLEARWATER FL 33756

1605 SOUTH MISSOURI AVE.
CLEARWATER FL 33756-1220

2. Principal Place of Business

1446 COURT STREET
Suite, Apt. #, etc.

3. Mailing Address

1446 COURT STREET
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

CLEARWATER FL

Zip
33756

Country

USA

City & State

CLEARWATER FL

Zip

33756

Country

USA

4. FEI Number

59-3469225

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEVIN, LEONARD D

1605 SOUTH MISSOURI AVE. 1446 COURT STREET
CLEARWATER FL 33756

7. Name and Address of New Registered Agent

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

TITLE DP ☐ Delete
NAME LEVIN, LEONARD D
STREET ADDRESS 1605 SOUTH MISSOURI AVE.
CITY-ST-ZIP CLEARWATER FL 33756

TITLE VP ☐ Delete
NAME ELMORE, DAVE
STREET ADDRESS 1605 SOUTH MISSOURI AVE.
CITY-ST-ZIP CLEARWATER FL 33756

TITLE VP ☐ Delete
NAME LEVIN, CAROL J.
STREET ADDRESS 1605 SOUTH MISSOURI AVE.
CITY-ST-ZIP CLEARWATER FL 33756

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME 1446 COURT STREET
STREET ADDRESS
CITY-ST-ZIP

TITLE Vice President ☒ Change ☐ Addition
NAME 1446 COURT STREET
STREET ADDRESS
CITY-ST-ZIP

TITLE Director, Vice President, ☒ Change ☐ Addition
NAME Secretary
STREET ADDRESS 1446 COURT STREET
CITY-ST-ZIP

TITLE VP ☐ Change ☒ Addition
NAME COX, Elaine
STREET ADDRESS 134 W. SEMINOLE DRIVE
CITY-ST-ZIP PHOENIX, AZ 85023

TITLE ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)