

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90152 026 ***150.00

DOCUMENT # P97000077625

1. Entity Name
AUTO SERVICE CENTERS, INC.

Principal Place of Business

~~1446 COURT ST.~~
CLEARWATER FL 33756

Mailing Address

~~1446 COURT ST.~~
CLEARWATER FL 33756

2. Principal Place of Business

1250 ROGERS STREET

Suite, Apt. #, etc.

3. Mailing Address

1250 ROGERS STREET

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3469225

Applied For

Not Applicable

Zip

Country

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

LEVIN, LEONARD D

~~1446 COURT ST.~~ 1250 ROGERS STREET
CLEARWATER FL 33756

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, 2002 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 DP ☐ Delete
NAME LEVIN, LEONARD D
STREET ADDRESS ~~1446 COURT ST.~~
CITY-ST-ZIP CLEARWATER FL 33756

TITLE ☒ Change ☐ Addition
NAME ☒ Change
STREET ADDRESS 1250 ROGERS STREET
CITY-ST-ZIP

TITLE DVS ☐ Delete
NAME ELMORE, DAVE
STREET ADDRESS ~~1446 COURT ST.~~
CITY-ST-ZIP CLEARWATER FL 33756

TITLE ☒ Change ☐ Addition
NAME ☒ Change
STREET ADDRESS 1250 ROGERS STREET
CITY-ST-ZIP

TITLE DT ☐ Delete
NAME LEVIN, CAROL J.
STREET ADDRESS ~~1446 COURT ST.~~
CITY-ST-ZIP CLEARWATER FL 33756

TITLE ☒ Change ☐ Addition
NAME ☒ Change
STREET ADDRESS 1250 ROGERS STREET
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME COX, ELAINE
STREET ADDRESS 134 W. SEMINOLE DR.
CITY-ST-ZIP PHOENIX AZ 85023

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME ☐ Change
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 #

LEONARD D. LEVIN 2/11/02 727-469-8821

CR2E034 (9/01)