

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State
 05-15-2002 90094 021 ***150.00

DOCUMENT # P97000078737

1. Entity Name
FIX N FIND AUTO SERVICES, INC.

Principal Place of Business
 2118 NORTH FORAYTH ROAD
 ORLANDO FL 32807
 US

Mailing Address
 2118 NORTH FORAYTH ROAD
 ORLANDO FL 32807
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2100 North Forsyth Rd.
3. Mailing Address 2100 North Forsyth Rd.

Suite, Apt. #, etc. Ste. B Suite, Apt. #, etc. Ste. B

City & State Orlando, Florida City & State Orlando, Fl.

Zip 32807 Country U.S. Zip 32807 Country U.S.

4. FEI Number 59-3519638 **Applied For**
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 GARDNER, DAVID
 10129 ELMER ST
 ORLANDO FL 32825

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PT	<input type="checkbox"/> Delete
NAME	DAVID S GARDNER	
STREET ADDRESS	10129 ELMER ST	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE	VE	<input type="checkbox"/> Delete
NAME	STOKES, DEW	
STREET ADDRESS	3100 CURRY WOOD CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32822	
TITLE		<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

04/25/02 407-281-4444
 Date Daytime Phone #

CR2E034 (9/01)