

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR).**

FILED

02 MAY 28 PM 1:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P980000035041**

1. Entity Name

Car Care Center, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

15425 Meadowwood DR

3. Mailing Address

15425 Meadowwood DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Wellington, FL 33414

City & State

Wellington, FL 33414

4. FEI Number

105-0830042

Applied For

Not Applicable

33414 W. Palm Beach 33414 W. Palm Beach

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

JOSEPH K. NOAL, P.A.

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

3284 N. State Rd 7

City

Lauderdale Lakes FL

Zip Code

33319

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1, Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

200005754042--7
-06/11/02--01099--004
******300.00 ****300.00**

**DO NOT WRITE
IN THIS SPACE**

201.25-AR
10.00-AR ARTS

88.75-AR SUPP

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 on an attachment with an address, without other line empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 7, 2002 (654) 214-1818

Date

Daytime Phone #