

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2001 8:00 am
Secretary of State

05-29-2001 90002 014 ***150.00

DOCUMENT # P98000046829

1. Entity Name:

PROFESSIONAL AUTO CENTER OF CAPE CORAL, INC.

Principal Place of Business

Mailing Address

939-B COUNTRY CLUB BLVD.
 CAPE CORAL FL 33909

939-B COUNTRY CLUB BLVD.
 CAPE CORAL FL 33909

2. Principal Place of Business

3. Mailing Address

1206 S.E. 9th Lane

1206 S.E. 9th Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Cape Coral

Cape Coral

City & State

City & State

Zip

Country

33990

Zip

Country

33990

4. FEI Number **65-0942562**

Applied For

Not Applicable

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

ALVARADO, GUIDO
628 MOHAWK PARKWAY
CAPE CORAL FL 33914

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 *Guido Alvarado*
 Signature, typed or printed name of registered agent and title if applicable.

(NOT Required - 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 **PVTD** ☐ Delete
 NAME **ALVARADO, GUIDO**
 STREET ADDRESS **628 MOHAWK PARKWAY**
 CITY-ST-ZIP **CAPE CORAL FL 33914**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 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 the signature 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: *Guido Alvarado*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)