

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000051937

1. Entity Name

AUTOMOTIVE COLOR SPECIALIST, INC.

FILED
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90068 010 ***150.00

Principal Place of Business

Mailing Address

301 S. MILWEE STREET
LONGWOOD FL 32750

301 S. MILWEE STREET
LONGWOOD FL 32750-4131

E0015441

2. Principal Place of Business

3. Mailing Address

884 BUCKSAW PL

884 BUCKSAW PL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

LONGWOOD, FL

LONGWOOD, FL

Zip

Country

Zip

Country

32750

Seminole

32750

Seminole

4. FEI Number

59-3515795

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

COHEN, ROBERT C
301 S. MILWEE STREET
LONGWOOD FL 32750

Name

ERROL B. RESNICK

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

884 BUCKSAW PL

City

LONGWOOD

FL

Zip Code

32750

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, type or print name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-22-2000

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

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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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
RESNICK, ERROL B
301 S. MILWEE STREET
LONGWOOD FL 32750

☐ Delete

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

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☐ Change ☐ Addition

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

1-22-2000

Date

Daytime Phone #