

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000074269

1. Entity Name

GERMAN AUTO REPAIR CENTER, INC.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90002 030 ***150.00

Principal Place of Business

7400 US 19
NEW PORT RICHEY FL 34652

Mailing Address

6441 WOODLAND LANE
NEW PORT RICHEY FL 34653-4344

2. Principal Place of Business

3. Mailing Address

7400 U.S. 19

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
New Port Richey, FL

4. FEI Number

59-3529054

Applied For

Not Applicable

Zip

Country

Zip

Country

34652

United States

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

TAX-A-MISER, INC.
6441 WOODLAND LANE
NEW PORT RICHEY FL 34653

Name

AHMET SANDICKCI

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

7400 U.S. 19

City

NEWPORT RICHEY

FL

Zip Code

34652

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

Ahmet Sandickci

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

(NOTE: Registered Agent signature required when reinstating)

2/4/00

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, 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 DPT
NAME SANDICKCI, AHMET ☐ Delete
STREET ADDRESS 7400 US 19
CITY-ST-ZIP NEW PORT RICHEY FL 34652

TITLE PRESIDENT
NAME AHMET SANDICKCI ☒ Change ☐ Addition
STREET ADDRESS 7400 U.S. 19
CITY-ST-ZIP NEWPORT RICHEY, FL 34652

TITLE DVS
NAME SYLVIA, ROBERT ☒ Delete
STREET ADDRESS 3438 TEESIDE DR.
CITY-ST-ZIP NEW PORT RICHEY FL 34655

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

Ahmet Sandickci

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02.04.2000 727.8430663

CR2E034 (9/99)