

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000076428

1. Entity Name

AMERICAN RESTAURANT REPAIR SERVICES INC.

Principal Place of Business

2595 MODAC TRAIL  
MAITLAND FL 32751

Mailing Address

P O BOX 941502  
MAITLAND FL 32751

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3515355

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

DANIELS-LATSON, LINDA  
7332 WOODHILL PK. DR. #1221  
ORLANDO FL 32818

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.

(NOT

Registered Agent's 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  
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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CEO  
LATSON-DANIELS, LINDA  
7332 WOODHILL PARK DR. #1221  
ORLANDO FL 32818 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
DANIELS, WELICE  
7332 WOODHILL PARK DR. #1221  
ORLANDO FL 32818 ☐ Delete

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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
S  
KING, BREAHA  
7332 WOODHILL PARK DR. #1221  
ORLANDO FL 32818 ☐ Delete

TITLE  
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CITY-ST-ZIP  
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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 I am an officer or director of the corporation or the receiver or trustee empowered to execute this report changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER: DIRECTOR

Date

Daytime Phone #

FILED  
May 23, 2001 8:00 am  
Secretary of State

05-23-2001 90231 010 \*\*\*150.00

U U U I U U



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

4/30/01

407-294-9842