

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P98000088722**

1. Entity Name

**VANSON AUTOMOTIVE REPAIR INC.****FILED****Mar 08, 2001 8:00 am**  
**Secretary of State**

03-08-2001 90072 017 \*\*\*158.75

Principal Place of Business

**2323 SOUTH RIDGEWOOD AVE.  
SOUTH DAYTONA FL 32119  
US**

Mailing Address

**2323 SOUTH RIDGEWOOD AVE.  
SOUTH DAYTONA FL 32119  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **59-3538249**

Applied For

Not Applicable

5. Certificate of Status Desired ☒**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****VAN CLEEF, MARK  
2323 SOUTH RIDGEWOOD AVE.  
SOUTH DAYTONA FL 32119**

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.

(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) ☐**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	DP	<input type="checkbox"/> Delete
NAME	VAN CLEEF, MARK	
STREET ADDRESS	190 COQUINA AVENUE	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	DV	<input type="checkbox"/> Delete
NAME	VAN CLEEF, CHRIS	
STREET ADDRESS	27 POLAR BEAR PATH	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	D	<input type="checkbox"/> Delete
NAME	VAN CLEEF, PEGGY	
STREET ADDRESS	190 COQUINA AVENUE	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE		<input type="checkbox"/> Delete
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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 employees.

SIGNATURE:

**MARK VAN CLEEF****PRESIDENT****3-5-01****9867673416**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)