

# 2000 UNIFORM BUSINESS REPORT (UBR)

5/1

**FILED**  
**Jul 28, 2000 8:00 am**  
**Secretary of State**

05-19-2000 90034 040 \*\*\*150.00

**DOCUMENT # P98000102737**

1. Entity Name

**DIRECT AUTOMOTIVE SERVICE CENTERS OF FLORIDA, IN**

Principal Place of Business

13041 AUTOMOBILE BLVD.  
 CLEARWATER FL 34622

Mailing Address

13041 AUTOMOBILE BLVD.  
 CLEARWATER FL 33762-4700

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**59-3547447**

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

**UTTERWYK, STEVEN A**  
 13041 AUTOMOBILE BLVD.  
 CLEARWATER FL 34622

**David Kitenplon**

Name

**Kitenplon, David**

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

**13041 Automobile Blvd.**

City

**Clearwater**

**FL**

Zip Code **33762**

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

*David Kitenplon*  
 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, 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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ORNS, LONNIE</b>	
STREET ADDRESS	<b>13041 AUTOMOBILE BLVD.</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 34622</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KITENPLON, DAVID</b>	
STREET ADDRESS	<b>13041 AUTOMOBILE BLVD.</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 34622</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 19.07(1)(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 fees empowered.

SIGNATURE:

*David Kitenplon*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)