

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000107641

1. Entity Name

WHEELS OF DISTINCTION, INC.

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90073 001 ***150.00

Principal Place of Business

2313 COSTA VERDE BLVD., NO. 302
JACKSONVILLE BEACH FL 32250

Mailing Address

2313 COSTA VERDE BLVD., NO. 302
JACKSONVILLE BEACH FL 32250-6206

2. Principal Place of Business

1800 The Greens Way

Suite, Apt. #, etc.

Apt # 711

3. Mailing Address

1800 The Greens Way

Suite, Apt. #, etc.

Apt. # 711

City & State

Jacksonville Beach, FL

City & State

Jacksonville Beach, FL

Zip

32250

Country

USA

Zip

32250

Country

USA

4. FEI Number

59-3550332

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRESSLER, KAREN G
2313 COSTA VERDE BLVD., NO. 302
JACKSONVILLE BEACH FL 32250

7. Name and Address of New Registered Agent

Name

Bressler, Karen G

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

1800 The Greens Way Apt # 711

City

Jacksonville Beach FL

Zip Code

32250

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D BRESSLER, KAREN G 2313 COSTA VERDE BLVD., NO. 302 JACKSONVILLE BEACH FL 32250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D Bressler, Karen G 1800 The Greens Way Apt # 711 Jacksonville Beach, FL 32250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)