

DOCUMENT # P99000010749

1. Entity Name
RAULERSON CAR CARE, INC.

Principal Place of Business
6160A IDLEWILD STREET
FORT MYERS FL 33912

Mailing Address
6160A IDLEWILD STREET
FORT MYERS FL 33912

2. Principal Place of Business
6160A IDLEWILD ST.
Suite, Apt. #, etc.

3. Mailing Address
6160A IDLEWILD ST
Suite, Apt. #, etc.

City & State
FORT MYERS FL
Zip
33912
Country
LEE

City & State
FORT MYERS FL
Zip
33912
Country
LEE

4. FEI Number
65-0898859
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
RAULERSON, CHESTER A
6160A IDLEWILD STREET
FORT MYERS FL 33912

7. Name and Address of New Registered Agent
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
Chester A. Raulerson
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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 |
|----------------|----------------------|--------------------|--------------------|
| PRESIDENT | CHESTER A. RAULERSON | 6160A IDLEWILD ST. | FT. MYERS FL 33912 |
| PRESIDENT | CHESTER A. RAULERSON | 6750 GARLAND ST. | FT MYERS FL 33912 |
| VICE PRESIDENT | RALPH W. TINSLEY | 434 LORRIANE DR | FT. MYERS FL 33905 |
| | | | |
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| | | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP |
|-------|------|----------------|-------------|
| | | | |
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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: Chester A. Raulerson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/2/00 946-274-6060
Date Daytime Phone #

APPROVED
AND
FILED

00 OCT 24 PM 1:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E034 (5/00)