

2000-UNIFORM BUSINESS REPORT (UBR)

082974

DOCUMENT # P99000016048

1. Entity Name
C & J DRIVE SERVICE, INC.

FILED

00 MAR 30 PM 4:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

131.00 900991021 \$150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business
5TH AVENUE
FL 34761

Mailing Address
10588 5TH AVENUE
OCOE FL 34761-3913

2. Principal Place of Business
C. & J. Drive Service,
Suite, Apt. #, etc.
208

3. Mailing Address
930 Carter Road
Suite, Apt. #, etc.

City & State
Winter Garden, FL

City & State

4. FEI Number
65-0901970
Applied For
Not Applicable

Zip
34787
Country
Orange

Zip
Country

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

6. Name and Address of Current Registered Agent
GRIMES, CECIL
10588 5TH AVENUE
OCOE FL 34761

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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, typed or printed name of registered agent and title if applicable
Cecil Grimes
(NOTE: Registered Agent signature required when reinstating)
DATE
3-23-00

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

OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.		
	President Cecil Grimes 10588 5th Avenue Ocoee, FL 34761	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	Vice President Judy Grimes 10588 5th Avenue Ocoee, FL 34761	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: *Cecil Grimes* Cecil Grimes 3-23-00 407-947-8678
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)