(4/02)

**FILED** 

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Sep 12, 2002 8:00 am Secretary of State P99000017463 DOCUMENT # 1. Entity Name A-1 RADIATOR & AUTO AIR, INC. 09-12-2002 90085 020 \*\*\*558.75 Principal Place of Business Mailing Address 2921 AVENUE OF THE AMERICAS 2921 AVENUE OF THE AMERICAS ENGLEWOOD FL 34224-7748 ENGLEWOOD FL 34224-7748 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3561536 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GUZIK, DENNIS Street Address (P.O. Box Number is Not Acceptable) 11034 DEERWOOD STREET Rotonda ENGLEWOOD FL 34224 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. I am familiar with, and accept the obligations of registered agent SIGNATURE. ne of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 \$5.00 May Be Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete DTLE ☐ Addition **GUZIK, DENNIS** NAME BUZIK, DENNIS NAME 11034 DEERWOOD AVE STREET ADDRESS 463 Rotonda Cir. STREET ADDRESS ENGLEWOOD FL 34224 CITY-ST-7IP CITY-ST-ZIP <u>Rotonda</u> West TITLE ☐ Delete TITLE Change Addition GUZIK JENNIFER NAME **GUZIR. JENNIFER** NAME STREET ADDRESS 463 Rotonda Cir 11034 DEERWOOD AVE STREET ADDRESS CITY-ST-ZIP **ENGLEWOOD FL 34224** CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRE CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling does not qualify for the indicated on this report or supplemental report is true and accurate and that my of the corporation or the receiver or trustee empeyered to execute this report. od in Section 119.07(3)(i), Florida Statutes. I further certify that the information have the same legal effect as if made under oath; that I am an officer or director

SIGNATURE:

changed, or on an attachment with a

Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if