

Amended

2001-UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000017951**

1. Entity Name **A+B MOBILE REPAIR, INC**
PMB #328 950-23 BLANDING BLVD
ORANGE PARK, FL 32065

Principal Place of Business

Mailing Address

SAME AS ABOVE

2. Principal Place of Business

140 STOCKTON STREET

3. Mailing Address

SAME AS BLOCK #1

Suite, Apt. #, etc.

Suite, Apt. #, etc.

JACKSONVILLE, FL

City & State

City & State

Zip

32204

Country

USA

Zip

Country

4. FEI Number

59-3560235

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

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

[Signature]

DAVID J. COOPER

6-15-2001

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, 2001 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 **PRESIDENT** ☐ Delete

NAME **ANITA E. COOPER**

STREET ADDRESS **741 BRANSCOMB ROAD**

CITY-ST-ZIP **GREEN COVE SPRINGS, FL 32043**

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **OWNER / CEO** ☐ Change ☒ Addition

NAME **DAVID J. COOPER**

STREET ADDRESS **741 BRANSCOMB ROAD**

CITY-ST-ZIP **GREEN COVE SPRINGS, FL 32043**

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID J. COOPER

6-15-2001

(904) 291-1264

Date

Daytime Phone #

[Signature]

ANITA E. COOPER

6-15-2001

(904) 291-1264

CR2E034 (11/00)

AD

6/20