

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90004 020 ***150.00

DOCUMENT # P99000020167 ✓

1. Entity Name

Patrick's Auto & Truck Repair, Inc.
119 NW 68th Ave.
Ocala, FL 34482

Principal Place of Business

Mailing Address

PATRICK'S AUTO REPAIR, Inc.
119 N.W. 68th Ave.
Ocala, FL 34482

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

59-3568188

Applied For

Not Applicable

Zip

Country

Zip

Country

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

James Tarquin
44 SE 1st Ave., Suite 306
Ocala, FL 34471

Name Patricia Mainster

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

7655 NW 21st St.

City Ocala

FL

Zip Code 34482

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 Patricia Mainster Patricia Mainster, president 4-4-00
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<u>Pres., Sec., Treasurer</u>	<input type="checkbox"/> Delete
NAME	<u>Patricia Mainster</u>	
STREET ADDRESS	<u>7655 NW 21st St.</u>	
CITY-ST-ZIP	<u>Ocala, FL 34482</u>	
TITLE	<u>Vice President</u>	<input type="checkbox"/> Delete
NAME	<u>Richard Mainster</u>	
STREET ADDRESS	<u>7655 NW 21st St.</u>	
CITY-ST-ZIP	<u>Ocala, FL 34482</u>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Patricia Mainster Patricia Mainster 4-4-00 352-237-8624
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)