

2000 UNIFORM BUSINESS REPORT (UBR)

1/2

FILED

Apr 24, 2000 8:00 am
Secretary of State

01-28-2000 90121 034 ***150.00

DOCUMENT # P99000022738

1. Entity Name
AUTOMOTIVE DOCTOR INC.

Principal Place of Business

**1918 KETTLE DRIVE
LUTZ FL 33549**

Mailing Address

**1918 KETTLE DRIVE
LUTZ FL 33549-3381**

2. Principal Place of Business

17604 US Hwy 41 N.

Suite, Apt. #, etc.

20

City & State

Lutz FL 33549

3. Mailing Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

593563100

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CHARLES, ERIC
1918 KETTLE DRIVE
LUTZ FL 33549**

7. Name and Address of New Registered Agent

Name

Eric Charles

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

1918 Kettle Dr

City **Lutz**

FL

Zip Code **33549**

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]

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

01/21/00

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

TITLE **(President)** ☐ Delete
NAME **Eric Charles**
STREET ADDRESS **1918 Kettle Dr**
CITY-ST-ZIP **Lutz FL 33549**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/21/00

Date

313 948 1787

Daytime Phone #

CR2E034 (9/99)