2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address

FILED Aug 11, 2000 8:00 am Secretary of State DOCUMENT # P99000032362 1. Entity Name A-CERTIFIED HI-TECH AUTO REPAIR, INC. 08-11-2000 90094 015 ***150.00 Principal Place of Business Mailing Address 14309 N. NEBRASKA AVE. 14309 N. NEBRASKA AVE. **TAMPA FL 33613 TAMPA FL 33613** AUU72381 - . 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FELNumber City & State City & State Applied For 566725 Not Applicable Zip Country Zip Country **\$8.75** Additional П 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SCHWANKE, TIM Street Address (P.O. Box Number is Not Acceptable) 15312 CARROLLTON LN. **TAMPA FL 33624** Zip Code City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 150.00 FILE NOW!!! FEE IS \$500.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Addition TITLE ☐ Delete TITLE NAME RENAU, JAMES NAME STREET ADDRESS STREET ADDRESS 12900 E. TRAILS END RD. CITY-ST-ZIP CITY-ST-ZIP FLORAL CITY FL 34436 ☐ Addition Change TITLE TITLE Delete RAFFOUL, MAJID A NAME NAME 2512 CHATEAU RD. STREET ADDRESS STREET ADDRESS CITY-ST-7IP C/TY-ST-ZIP LUTZ FL 33549 Change ☐ Addition TITLE - 🗀 Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7(P CITY-ST-ZIP Change ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of the true that I am an officer or director of the corporation or the receiver of the true that I am an officer or director of the corporation or the receiver of the true that I am an officer or director of the corporation or the receiver of the true that I am an officer or director of the corporation or the receiver of the true that I am an officer or director of the corporation or the receiver of the true that I am an officer or director of the corporation or the receiver of the true that I am an officer or director of the corporation or the receiver of the true that I am an officer or director of the corporation or the receiver of the true that I am an officer or director of the corporation or the receiver of the true that I am an officer or director of the corporation or the receiver of the true that I am an officer or director of the corporation or the receiver of the true that I am an officer or director of the corporation or the receiver of the true that I am an officer or director of the corporation or the receiver of the true that I am an officer or director of the corporation of the true that I am an officer or director of the corporation of the true that I am an officer or director of the true that I am an officer or director of the true that I am an officer or director of the true that I am an officer or director of the true that I am an officer or director of the true that I am an officer or director of the true that I am an officer or director of the true that I am an officer or director of the true that I am an officer or director of the true that I am an officer or director of the true that I am

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A CERTIFIED HI-TECH AUTO REPAIR, INC. 14309 NORTH NEBRASKA AVENUE TAMPA, FL 33613 (813) 977-5724

August 7, 2000

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATION P O BOX 6327 TALLAHASSEE, FL 23214

RE:

Document Number: P99000032362

FEI Number: 59-3566725

To Whom It May Concern:

This letter is to follow up a telephone conversation with one of your Examiners (Stacy) who advised this office to write a letter explaining the following:

On April 26, 2000 A Certified Hi-Tech Auto Repair, Inc. mailed to your office Check No. 1758 drawn on Republic Security Bank utilizing one of their counter-checks in the amount of \$150.00. It is my understanding that as of this date the check has not cleared through the above-referenced bank. In placing this check addressed to you in the care of the United States Post Office I felt that our obligation of making the required payment of \$150.00 by the May 1, 2000 deadline was met.

Please contact me at the address and/or phone number listed above so that we can bring a conclusion to this issue. Thank you for your attention to this matter.

Respectfully submitted,

James T. Renau President/Manager