

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000036919

1. Entity Name

BUDGET TIRE & AUTO SERVICES, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90018 039 ***150.00

Principal Place of Business

Mailing Address

10237 157TH ST NORTH
JUPITER FL 33478

10237 157TH ST NORTH
JUPITER FL 33478-9372

160 Bridge Road
Tequesta, FL 33469

160 Bridge Road
Tequesta, FL 33469

2. Principal Place of Business

3. Mailing Address

160 Bridge Road
Suite, Apt. #, etc.

160 Bridge Road
Suite, Apt. #, etc.

City & State

City & State

Tequesta, FL

Tequesta, FL

Zip 33469

Country Palm Beach

Zip 33469

Country Palm Beach

4. FEI Number

Applied For

65-0913553

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

WHITE, CHARLES R.L.
725 N A1A
SUITE E-102
JUPITER FL 33477

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, 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	D	<input type="checkbox"/> Delete
NAME	RAGOSA, WILLIAM M	
STREET ADDRESS	10237 157TH ST NORTH	
CITY-ST-ZIP	JUPITER FL 33478	
TITLE	D	<input type="checkbox"/> Delete
NAME	TRENGE, JOHN	
STREET ADDRESS	1277 SW ALBENGA AVE	
CITY-ST-ZIP	PORT ST LUCIE FL 34953	
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		
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CITY-ST-ZIP		
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:

John Treng John Treng
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/00

Date

3561-746-9215

Daytime Phone #

CR2E034 (9/99)