## **2000 UNIFORM BUSINESS REPORT (UBR)**

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIREC

## Apr 28, 2000 8:00 am Secretary of State DOCUMENT # P99000049881 1. Entity Name GARAGE PLUS, INC. 04-28-2000 90090 016 \*\*\*158.75 Principal Place of Business Mailing Address 3431 POINTE CREEK CT., B-205 3431 POINTE CREEK CT., B-205 BONITA SRPINGS FL 34134-2007 BONITA SRPINGS FL 34134 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 Applied For 59-3579525 Not Applicable Zip Country Zip Country \$8.75 Additional X 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MCBURNEY: GEORGE P Street Address (P.O. Box Number is Not Acceptable) 3431 POINTE CREEK CT., B-205 **BONITA SRPINGS FL 34134** 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 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 12. 11. PRESIDENT X Addition TITLE TITLE ☐ Delete PHILLIP MCBURNEY NAME NAME STREET ADDRESS 3431 Pointe Creek Ct. #205 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Bonita Springs, FL 34134 ☐ Change X Addition TITLE Vice President TITLE ☐ Delete NAME Jack E. Woodlock NAME STREET ADDRESS STREET ADDRESS 11432 Regency Lane Carme1, IN 46033 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE Vice President NAME NAME Sasha Muske STREET ADDRESS STREET ADDRESS 23500 Walden Center\_Dr CITY-ST-ZIP CITY-ST-ZIP Bonita Springs, FL 34134 ☐ Change Addition □ Delete TITLE TITLE Treasurer NAME NAME Shirli J. McBurney STREET ADDRESS STREET ADDRESS 3431 Pointe Creek Ct. CITY-ST-ZIP CITY-ST-ZIP <u>Bonita Sprints, FL 34134</u> ☐ Change X Addition □ Delete TITLE Secretary TITLE Sherri D. Muske NAME NAME STREET ADDRESS STREET ADDRESS 23500 Walden Center-Dr-CITY-ST-ZIP CITY-ST-ZIP Bonita Springs, FL 34134 ☐ Change ☐ Delete ☐ Addition 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 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