

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Sep 10, 2001 08:00 AM**
Secretary of State**DOCUMENT # P99000051023**1. Entity Name
PREMIER CAR CARE, INC.**Principal Place of Business**102 W. CRYSTAL LAKE
SUITE E
ORLANDO
32806

FL

Mailing Address102 W. CRYSTAL LAKE
SUITE E
ORLANDO
32806

FL

2. Principal Place of Business

315 WEST GRANT STREET

3. Mailing Address

315 WEST GRANT STREET

Suite, Apt. #, etc.

SUITE K

Suite, Apt. #, etc.

SUITE K

City & State

ORLANDO

FL

City & State

ORLANDO

FL

Zip

32806

Country

US

Zip

32806

Country

US

4. FEI Number**59-3579855****Applied For**☐ Not Applicable**5. Certificate of Status Desired**☒**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**CHRISTIE CHRISTOPHER**
9925 RED CLOVER AVENUE

ORLANDO

FL

32824

US

7. Name and Address of New Registered Agent**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 **CHRISTOPHER CHRISTIE**

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

(NOTE: Registered Agent signature required when reinstating)

09/10/2001

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, 2001 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	VPD	<input type="checkbox"/> Delete
NAME	CHRISTIE SHARON	
STREET ADDRESS	9925 RED CLOVER AVENUE	
CITY-ST-ZIP	ORLANDO FL 32824	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CHRISTIE CHRISTOPHER	
STREET ADDRESS	9925 RED CLOVER AVENUE	
CITY-ST-ZIP	ORLANDO FL 32824	
TITLE		<input type="checkbox"/> Delete
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Christopher Christie

PD

09/10/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)