

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000056141

1. Entity Name

C & S AUTOMOTIVE REPAIRS, INC.

Principal Place of Business

495 E. DONEGAN AVENUE  
KISSIMMEE FL 34744

Mailing Address

495 E. DONEGAN AVENUE  
KISSIMMEE FL 34744

2. Principal Place of Business

495 E. DONEGAN AVE

3. Mailing Address

P.O. Box 700625

Suite, Apt. #, etc.

8

Suite, Apt. #, etc.

City & State

KISS, FL

City & State

ST. CLOUD FL.

Zip

34744

Country

OSCEOLA

Zip

34769

Country

OSCEOLA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, CHARLES D  
337 DAKOTA AVENUE  
ST. CLOUD FL 34769

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	SMITH, CHARLES D	
STREET ADDRESS	337 DAKOTA AVE	
CITY-ST-ZIP	SAINT CLOUD FL 34769	
TITLE	V	<input type="checkbox"/> Delete
NAME	SMITH, SHERRI	
STREET ADDRESS	337 DAKOTA AVE	
CITY-ST-ZIP	SAINT CLOUD FL 34769	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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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:

*Charles D. Smith*

CHARLES D. SMITH

Date

4/27/01

Daytime Phone #

(407) 518-1511

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90236 009 \*\*\*150.00

100442



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)