

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000060609

1. Entity Name

GO DRIVING SCHOOL, INC.

R

FILED
Jul 24, 2000 8:00 am
Secretary of State

07-24-2000 90015 007 ***150.00

Principal Place of Business

460 NORTH C.R. 427
SUITE 130
LONGWOOD FL 32750

Mailing Address

460 NORTH C.R. 427
SUITE 130
LONGWOOD FL 32750

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3590664

Applied For

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

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 ☐ Delete
NAME D
STREET ADDRESS TONEY, KENNETH R
CITY-ST-ZIP 460 NORTH C.R. 427, SUITE 130
LONGWOOD FL 32750

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Solomon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-19-2000

Date

407-831-3574

Daytime Phone #

DOLORES M. CINTRON

CR:EX:14-15/00

PA900060609

AD069438



GO DRIVING SCHOOL

July 19, 2000

Florida Department of State
Division of Corporations
Uniform Business Report Filings
P. O. Box 1500
Tallahassee FL 32302-1500

Dear Sir or Madam:

Re: 2000 Uniform Business Report, FEIN 59-3590664

Enclosed are the referenced report and a check for \$150. Dolores Cintron called the Division of Corporations today to ask for a waiver of the late fee because the business did not receive the report prior to the due date. She spoke to Mike, who told her to pay only the \$150 and include a letter of explanation. Please advise if there is anything else you need. Thank you for your assistance.

Very truly yours,

Kenneth R. Toney
Director

Enclosures 2

[Faint, illegible text, likely a carbon copy or bleed-through from the reverse side of the page.]