

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000066431

1. Entity Name

CERTIFIED CAR TECH, INC.

**FILED**  
**Feb 26, 2000 8:00 am**  
**Secretary of State**

02-26-2000 90047 038 \*\*\*150.00

Principal Place of Business

Mailing Address

6746 PASEO CASTILLE  
SARASOTA FL 34238

6746 PASEO CASTILLE  
SARASOTA FL 34238-2732

2. Principal Place of Business

3. Mailing Address

5324 E Colonial Dr 5324 E Colonial Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

Orlando FL

Orl FL

4. FEI Number

59-3316149

Applied For

Not Applicable

Zip

Country

Zip

Country

32807

ORANGE

32807

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

STEPHEN F. VOIGT, P.A.  
2414 BEE RIDGE RD.  
SARASOTA FL 34239

Name

Ken J. Scott, C.P.A.

Street Address (P.O. Box Number is Not Acceptable)

1936 Lee Road.

Suite 270

City

Winter Park, FL

Zip Code

32789

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

Ken J. Scott.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/20/00

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 ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

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NAME

STREET ADDRESS

CITY-ST-ZIP

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/00

Pres

407 382-5700

Date

Daytime Phone #

CR2E034 (9/99)