

# 2000 UNIFORM BUSINESS REPORT (UBR)

4/2

**FILED**  
**May 18, 2000 8:00 am**  
**Secretary of State**

04-28-2000 90068 030 \*\*\*150.00

**DOCUMENT # P99000072122**

1. Entity Name

**SOUTHWEST AUTO REPAIR, INC.**

Principal Place of Business

1031 W. MORSE BOULEVARD  
 SUITE 105  
 WINTER PARK FL 32789

Mailing Address

1031 W. MORSE BOULEVARD  
 SUITE 105  
 WINTER PARK FL 32789-3738

2. Principal Place of Business

3901 E Village Center Dr  
 Suite, Apt. #, etc.

3. Mailing Address

3901 E. Village Center Dr  
 Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, Florida

4. FEI Number

04-3485708

Applied For

Not Applicable

Zip  
 32837

Country

ORANGE

Zip  
 32837

Country

ORANGE

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WEATHERFORD, WILLIAM P JR.  
 1031 W. MORSE BOULEVARD  
 SUITE 105  
 WINTER PARK FL 32789

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 \$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

TITLE ☐ Delete  
 NAME D BERNARD, JOSEPH N  
 STREET ADDRESS 44-DECAUFUR STREET 7688 Appletree Cir  
 CITY-ST-ZIP ARLINGTON MA Orlando, FL 32819

TITLE ☐ Delete  
 NAME D BERNARD, MARIE E  
 STREET ADDRESS 44-DECAUFUR STREET 7688 Appletree Cir  
 CITY-ST-ZIP ARLINGTON MA Orlando, FL 32819

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

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

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/20/00

407

240-3919