

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90083 012 ***150.00

DOCUMENT # P99000081310

1. Entity Name

AUTO CARE CONCEPTS ETC., INC.

Principal Place of Business

**450 SOUTH GERONIMO STREET
 406
 DESTIN FL 32550**

Mailing Address

**450 SOUTH GERONIMO STREET
 406
 DESTIN FL 32550**

2. Principal Place of Business

3. Mailing Address

**27 SANDESTIN ESTATES DR.
 Suite, Apt. #, etc.**

**27 SANDESTIN ESTATES DR.
 Suite, Apt. #, etc.**

City & State

DESTIN, FL.

City & State

DESTIN, FL.

Zip

Country

Zip

Country

32550

WALTON

32550

WALTON

4. FEI Number

59-3598101

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

**MCMULLEN, KIM J
 450 SOUTH GERONIMO STREET
 406
 DESTIN FL 32550**

7. Name and Address of New Registered Agent

Name **William "BRIAN" McMullen**
 Street Address (P.O. Box Number is Not Acceptable)
27 SANDESTIN ESTATES DR.
 City **DESTIN** FL **32550**

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

William "Brian" McMullen

4/26/02
 DATE

(NOTE: Registered Agent signature required when reinstating)

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	D MCMULLEN, KIM J 450 SOUTH GERONIMO STREET #406 DESTIN FL 32550	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCMULLEN WILLIAM B 27 SANDESTIN ESTATES DR. DESTIN, FL. 32550	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCMULLEN, WILLIAM B 450 SOUTH GERONIMO STREET #406 DESTIN FL 32550	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

4/26/02 (850) 865-9274
 DATE Daytime Phone #

CR2E034 (9/01)