## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

## DOCUMENT # P99000088654 Jun 05, 2000 8:00 am 1. Entity Name **Secretary of State** SUPERFLY CUSTOM AUTO WORKS INC. 06-05-2000 90007 040 \*\*\*150.00 Principal Place of Business Mailing Address 19 E THRUSH ST 19 E THRUSH ST APOPKA FL 33212 APOPKA FL 32712-2729 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Applied For 3574434 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent .... 6. Name and Address of Current Registered Agent Name TETREAULT, REBECCA D Street Address (P.O. Box Number is Not Acceptable) 19 E THRUSH ST APOPKA FL 33212 City Zip Code FI 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Addition ☐ Change TITLE President ☐ Delete Patrick G. Tetreault NAME NAME 19E-Thrush St. STREET ADDRESS STREET ADDRESS Apopka, PL 32712 CITY-ST-ZIP CITY-ST-ZIP Vice President ☐ Change Addition TITLE ☐ Delete NAME 431 S.W. 39 STREET ADDRESS STREET ADDRESS Capeloral FL CITY-ST-ZIP CITY-ST-ZIP Change - [ Addition ] TITLES Treasurer Registered Agant Deléte" TITLE F. Rebecca D. Tetream+ NAME NAME E. Thrush 3+, STREET ADDRESS STREET ADDRESS 32712 CITY-ST-ZIP CITY-ST-ZIP Apopka, FL ☐ Change Addition Sccretary Daniel G. Hulgas Delete TITLE TITLE NAME NAME STREET ADDRESS 431 S.W. 39 m terrace STREET ADDRESS CITY-ST-ZIP 33914 CITY-ST-ZIP Cape Coral, FL olic Lelations TITI F ☐ Change Addition ☐ Delete TITLE stopher J. Neutze NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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