

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000091970

1. Entity Name

DRIVERS' SCHOOL, INC.

Principal Place of Business

Mailing Address

00703 OVERSEAS HWY
TAVERNIER FL 33070

P O BOX 2012
ISLAMORADA FL 33036

2. Principal Place of Business

3. Mailing Address

88765 Overseas Hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Tavernier FL

Zip

Country

Zip

Country

33070

4. FEI Number

65-0958154

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

MIKLAS, JOE

00703 OVERSEAS HWY
TAVERNIER FL 33070

Name

Joe Miklas, Attorney, PA

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

88765 Overseas Hwy

City

Tavernier

FL

Zip Code

33070

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, 2001 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
P
SISCO, SHELLEY
PO BOX 2012
ISLAMORADA FL 33036 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
MIKLAS, Shelley
PO Box 2012
ISLAMORADA FL 33036 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Shelley G. Miklas

1/25/01

305
852 2208

CR2E034 (10/00)

01177

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90062 007 ***158.75



DO NOT WRITE IN THIS SPACE