

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 23, 2002 8:00 am**  
**Secretary of State**

06-03-2002 91207 023 \*\*\*150.00

**DOCUMENT # P99000097569**

1. Entity Name  
**THE PROFESSOR'S AUTO CLINIC, INC.**

Principal Place of Business

13821 N.W. 22ND. STREET  
 SUNRISE FL 33323

Mailing Address

13821 N.W. 22ND. STREET  
 SUNRISE FL 33323

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0959633**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE



- 42777

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FRANCOIS, JEAN ROBERT**  
**13821 N.W. 22ND. STREET**  
**SUNRISE FL 33323**

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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  
**PVS**  
**FRANCOIS, JEAN ROBERT**  
**13821 N.W. 22ND. STREET**  
**SUNRISE FL 33323** ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**TD**  
**FRANCOIS, JEAN ROBERT**  
**13821 N.W. 22ND. STREET**  
**SUNRISE FL 33323** ☐ 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

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 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

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 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 of Jean Robert Francois*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/17/02

954-340-4000  
 Date Daytime Phone #

CR2E034 (4/02)

Attachment  
Doc. # P99000097569

**THE PROFESSOR'S AUTO CLINIC, INC.**

13821 NW 22<sup>nd</sup> Street  
Sunrise, FL 33323

42777

Office: (954) 522-6802

**Jean Robert Francois**  
President

September 17, 2002

Uniform Business Report  
Division of Corporations  
PO Box 1500  
Tallahassee, FL 32302-1500

RE: Fed ID# 65-0959633  
Document #P99000097569

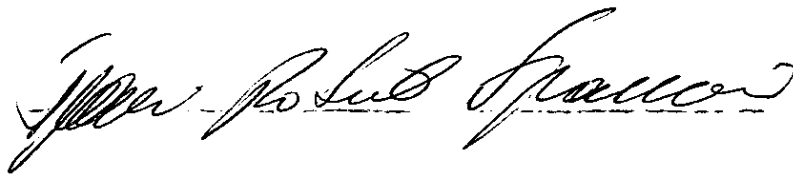
To Whom It May Concern:

Please be advised that I am signing this form and asking you to waive the late fees. As per the conversation you had with my accountant this morning, I did not receive the rejection letter you sent me. I must have inadvertently forgotten to sign the original form, but you did cash my check back in June.

Kindly advise me as to the status.

Thank you in advance for your understanding.

Sincerely,



Jean Robert Francois