

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000102361

1. Entity Name

SUPER SERVICE AUTO REPAIR, INC.

Principal Place of Business

1922 TEABERRY CT
ORLANDO FL 32824

Mailing Address

1922 TEABERRY CT
ORLANDO FL 32824

2. Principal Place of Business

260 EAST OAKRIDGE ROAD.

3. Mailing Address

SAME AS ABOVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO - FLORIDA

City & State

Zip 32809

Country U.S.A.

Zip

Country

4. FEI Number

59-3606077.

Applied For
Not Applied For

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WING, U.N. KEE
1922 TEABERRY CT
ORLANDO FL 32824

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

U.N. KEE WING (OWNER-PRESIDENT) 02/05/2000.

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 PRESIDENT - SECRETARY Delete
NAME U.N. KEE WING
STREET ADDRESS 1922 TEABERRY COURT
CITY-ST-ZIP ORLANDO - FLORIDA 32824.

TITLE VICE-PRESIDENT - TREASURER Delete
NAME ELOISA M. WING.
STREET ADDRESS 1922 TEABERRY COURT
CITY-ST-ZIP ORLANDO - FLORIDA 32824.

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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)(l), 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: *U.N. KEE WING*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/05/2000. (407)850-4142

Date

Daytime Phone #

02-11-2000 90013 013 ***158.75



DO NOT WRITE IN THIS SPACE