

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2000 8:00 am
Secretary of State
 02-11-2000 90013 013 ***158.75

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 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

**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

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
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 CITY-ST-ZIP

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TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
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 CITY-ST-ZIP

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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:

U.N. KEE WING

U.N. KEE WING.

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #