

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #

1. Entity Name

THE CAR SHOPS OF ARLINGTON, INC.
6868 ARLINGTON EXPRESSWAY
JACKSONVILLE, FL 32211

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6868 ARLINGTON EXPWAY

3. Mailing Address

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

City & State

Zip

32211

Country

USA

Zip

Country

4. FEI Number

59-3610405

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

MICHAEL ZORE

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

12005 MICHAELSON CT

City

JACKSONVILLE

FL

Zip Code

32223

**DO NOT WRITE
IN THIS SPACE**

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

4/22/02

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

NAME

STREET ADDRESS

CITY-ST-ZIP

P/S/TO

MICHAEL ZORE

12005 MICHAELSON CT

JACKSONVILLE, FL 32223

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

000005600650--5

-05/23/02--01071--018

*****300.00 *****300.00

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VP - NATALIE ZORE

12005 MICHAELSON CT

JACKSONVILLE, FL 32223

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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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 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 #

4/22/02

FILED
02 MAY 10 AM 8:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)