

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2001 8:00 am
Secretary of State

07-24-2001 90009 023 ***150.00

DOCUMENT # P99000107989

1. Entity Name

AABCO TRANSMISSIONS AND DR. FREEZE'S AUTO AC INC

Principal Place of Business

**2198 W. KING ST., SUITE 2
COCOA FL 32926**

Mailing Address

**2198 W. KING ST., SUITE 2
COCOA FL 32926**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

593616799

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GARCIA, LOUIS R
2198 W. KING ST., SUITE 2
COCOA FL 32926**

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

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 12, 2001 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

TITLE **D** ☐ Delete
NAME **GARCIA, LOUIS R**
STREET ADDRESS **2319 MONTY LANE**
CITY-ST-ZIP **ROCKLEDGE FL 32955**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Change ☒ Addition
NAME **GARCIA, KARIN I**
STREET ADDRESS **2319 MONTY LANE**
CITY-ST-ZIP **Rockledge FL 32955**

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

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

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

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-19-01

Date

504-1100

Daytime Phone #

0115238 AT

CR2E034 (5/01)

Attachment
Doc# P99000107989
173228

AABCOTRANSMISSIONS
DR. FREEZE'S AUTO AC
2198 W. KING ST.
COCOA, FL 32926
(321) 504-1100

7-19-01

Division of Corporations,

This letter is to explain that I called the Division of Corporations to inquire as to why I was not sent the 1st notice of the 2001 Business Report. I was told that other corporations had experienced the same problem.

Enclosed please find my check in the amount of \$150⁰⁰. I was told by your department to write this letter of explanation.

Thank you

Josue R Garcia

Daytime ph 321-504-1100