

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000109815

1. Entity Name

AUTOMOTIVE MAINTENANCE-XPRESS INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90056 004 ***150.00

Principal Place of Business

3615 FOX HOLLOW DR
ORLANDO FL 32829

Mailing Address

3615 FOX HOLLOW DR
ORLANDO FL 32829

2. Principal Place of Business

1120-A Coletta Dr.

3. Mailing Address

3615 Foxhollow Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Orlando, Florida

City & State

Orlando, Florida

4. FEI Number

59-3612549

Applied For

Not Applicable

Zip

Country

32807

USA

Zip

Country

32829

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MEDINA, FRANKLIN
3615 FOX HOLLOW DR
ORLANDO FL 32829

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 \$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	PD	<input type="checkbox"/> Delete
NAME	MEDINA, FRANKLIN	
STREET ADDRESS	3615 FOX HOLLOW DR	
CITY-ST-ZIP	ORLANDO FL 32829	
TITLE	V	<input type="checkbox"/> Delete
NAME	MEDINA, EVARISTA	
STREET ADDRESS	3615 FOX HOLLOW DR	
CITY-ST-ZIP	ORLANDO FL 32829	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Franklin Medina

Date

Daytime Phone #

4/15/00 (407) 736-0255

CR2E034 (9/99)