

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 08, 2000 8:00 am

Secretary of State

02-08-2000 90037 037 ***150.00

DOCUMENT # S44505

1. Entity Name

W.R.C. AUTO SERVICE, INC.

Principal Place of Business

Mailing Address

**1200 SUNSET STRIP
SUNRISE FL 33313
US**

**1200 SUNSET STRIP
SUNRISE FL 33313-6110
US**

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 **65-0268171**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LANUTO, WILLIAM
3121 NW 101 AVE
SUNRISE FL 33351**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	LANUTO, WILLIAM	
STREET ADDRESS	3121 NW 101 AVE 8570 CYPRESS SPRING RD	
CITY-ST-ZIP	SUNRISE FL LAKE WORTH, FL 33467	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LANUTO, RICHARD	
STREET ADDRESS	3121 NW 101 AVE 13420 NW 4 MONROE PLANTATION FL	
CITY-ST-ZIP	SUNRISE FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LANUTO, CHRIS	
STREET ADDRESS	3121 NW 101 AVE 3637 NW 83 LN	
CITY-ST-ZIP	SUNRISE FL	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
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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 1. 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

Date

Daytime Phone #

(2-4-2000)

954583477