

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 554904

1. Entity Name

FLASHER Auto Repair INC

Principal Place of Business

Mailing Address

2106 N. Dixie Hwy  
Hollywood FL 33020

Same

2. Principal Place of Business

3. Mailing Address

2106 N. Dixie Hwy

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Hollywood FL

Zip

Country

Zip

Country

B3020

Broward

4. FBI Number

65-0262784

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

7. Name and Address of New Registered Agent

Timothy M Flasher  
2106 N. Dixie Hwy  
Hollywood FL, 33020

Name

Nicole Hood

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

2106 N. Dixie Hwy

City

Hollywood

FL

Zip Code

33020

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

Nicole Hood President

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, 2001 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
President  
Timothy Flasher  
2106 N. Dixie Hwy  
Hollywood FL, 33020

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
President  
Nicole Hood  
2106 N. Dixie Hwy  
Hollywood FL, 33020

Change

Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Vice President  
Leon Scarola  
2106 N. Dixie Hwy  
Hollywood FL, 33020

Change

Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change

Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change

Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change

Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change

Addition

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:

Nicole Hood

7-5-01

934-929-0299

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone (Area #)

CR2E034 (11/00)