2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # \$71887

SLOTT, ARNOLD H.

9. This corporation is eligible to satisfy its Intangible

BLOCK, ANDREW M.

2960 HARTLEY RD W

BLOCK, WILLIAM A.

JACKSONVILLE FL

BLOCK, BEVERLY

JACKSONVILLE FL

BLOCK, JEFFREY L

2960 HARTLEY RD W

JACKSONVILLE FL 32257

2960 HARTLEY RD W

2960 HARTLEY RD W

JACKSONVILLE FL 32257

Tax filing requirement and elects to do so.

334 E DUVAL ST JACKSONVILLE FL 32202

SIGNATURE .

11.

TITLE

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

TITLE

NAME

TITLE

NAME

CITY-ST-ZIP

CITY-ST-7IP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

(See criteria on back)

דעמ

AUTOMOTIVE DENT SPECIALISTS, INC.

Principal Place of Business		Mailing Address	
HARTLEY RD W ACKSONVILLE FL 32257		2960 HARTLEY RD W JACKSONVILLE FL 32257-8221 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite, Apt. #, etc.		• • • • • • • • • • • • • • • • • • •	
City & State		City & State	

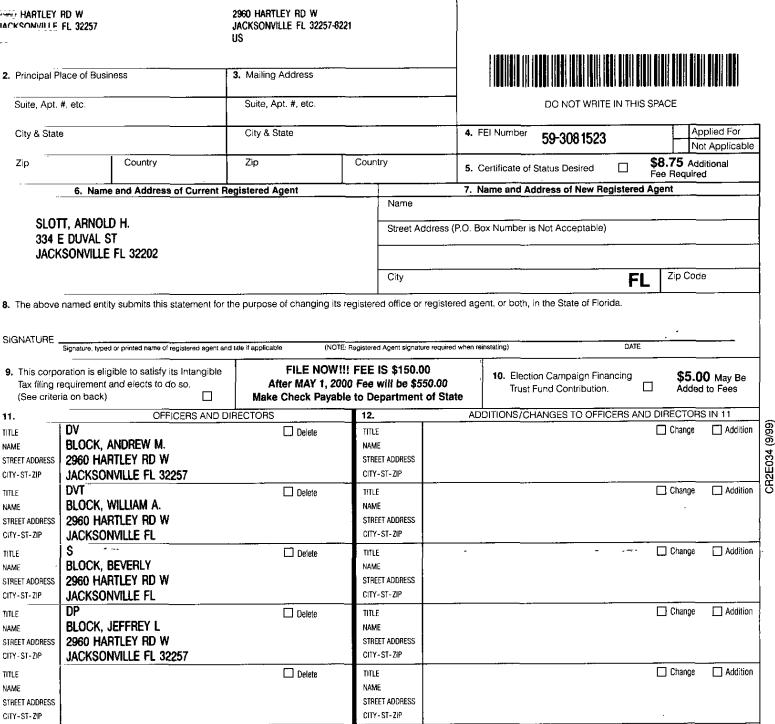
6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

OFFICERS AND DIRECTORS

FILED Apr 20, 2000 8:00 am Secretary of State

04-20-2000 90111 025 ***150.00



CITY-ST-ZIP 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.

STREET ADDRESS

Name

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Delete

☐ Delete

Delete

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12.

TITLE

NAME

NAME

TITLE

NAME

TITLE

NAME

TITLE NAME STREET ADDRESS

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-7iP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Change

☐ Addition