

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **V17708**

1. Entity Name

SAMPLE EXHAUST, INC.

Principal Place of Business

**5200 W SAMPLE RD
MARGATE FL 33063
US**

Mailing Address

**5200 W SAMPLE RD
MARGATE FL 33063
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 **65-0324660**

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

Name

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

City

FL

Zip Code

**BOTWINICK, BRUCE
5200 W SAMPLE RD
MARGATE FL 33073**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete
NAME **BOTWINICK, BRUCE**
STREET ADDRESS **5200 W SAMPLE RD**
CITY-ST-ZIP **MARGATE FL**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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

Date

Daytime Phone #

(954) 969-9200

FILED
Jul 18, 2001 8:00 am
Secretary of State

07-18-2001 90257 048 ***150.00



DO NOT WRITE IN THIS SPACE

0031987 AV

CR2E034 (5/01)



ROADWAY MUFFLER & BRAKE CENTERS

Attachment
D# V17708
A0077903

Florida Department of State
Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, Florida 32302-1500

July 9, 2001

Dear Division of Corporations,

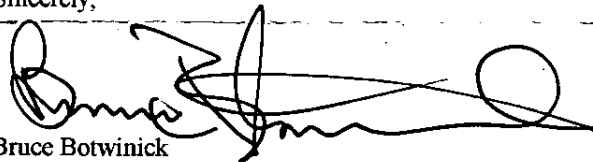
Enclosed please find our check for the 2001 Uniform Business Report in the amount of \$150.00. As soon as we received the notice on July 7, 2001 we realized that this had been overlooked. We searched our files and could not find any record of having received this at the beginning of the year. I immediately called your office and spoke to Tim at 1-850-488-9000.

He advised me to send the check for \$150.00 along with this letter of explanation. We do not believe that we ever received this form and the new employee handling these matters was not aware that this fee was due.

After reviewing our payment history, you will find that this has never occurred before. Please excuse this late filing and waive the penalty, as this would create a hardship for our company.

Thank you in advance for your understanding.

Sincerely,



Bruce Botwinick
President