## **2000 UNIFORM BUSINESS REPORT (UBR)**

## **FILED DOCUMENT # V36310** May 03, 2000 8:00 am 1. Entity Name **Secretary of State** JAMASCO AUTO REPAIR, INC. 05-03-2000 90052 024 \*\*\*150.00 Principal Place of Business Mailing Address 5755 FUNSTON ST 5755 FUNSTON ST HOLLYWOOD FL 33023-1938 HOLLYWOOD FL 33023-1929 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0332786 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PUNANCY, MARIE A. Street Address (P.O. Box Number is Not Acceptable) 13800 APPALACHIAN TRAIL **DAVIE FL 33325-1211** Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PD ☐ Delete TITLE ☐ Addition TITLE PUNANCY, CLEMENT G. NAME NAME STREET ADDRESS STREET ADDRESS 13800 APPALACHIAN TRAIL CITY-ST-ZIP CITY-ST-7IP DAVIE FL ☐ Change ☐ Addition ☐ Oelete TITLE NAME PUNANCY, MARIE A. NAME STREET ADDRESS STREET ADDRESS 13800 APPALACHIAN TRAIL CITY-ST-7IP CITY-ST-ZIP DAVIE FL ☐ Change Addition TITLE ☐ Delete TITLE PUNANCY, JAYSON M NAME NAME STREET ADDRESS STREET ADDRESS 13800 APPALACHIAN TRAIL CITY-ST-ZIP CITY-ST-ZIP DAVIE FL ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME PUNANCY, MARC N STREET ADDRESS STREET ADDRESS 13800 APPALACHIAN TRAIL CITY-ST-7/P CITY-ST-ZIP DAVIE FL Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Defete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.

Changed, or on an attach more injurity an address, with all other like empowered.

SIGNATURE, July Tillian Great Control of Signature and type for Printed name of Signing Officer or Director