

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V39795

1. Entity Name

D. P. PREVENTIVE MAINTENANCE AND AUTO CARE, INC.

**FILED**  
**Aug 11, 2000 8:00 am**  
**Secretary of State**

08-11-2000 90095 017 \*\*\*150.00

Principal Place of Business

1505 CYPRESS DRIVE  
JUPITER FL 33469

Mailing Address

1505 CYPRESS DRIVE  
JUPITER FL 33469

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0334921

Applied For

Not Applicable

Zip

Country

Zip

Country

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

PILLA, DOUGLAS  
1505 CYPRESS DRIVE  
JUPITER FL 33469

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. 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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
PILLA, DOUGLAS  
1505 CYPRESS DRIVE  
JUPITER FL ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
PILLA, DENNIS  
1505 CYPRESS DRIVE  
JUPITER FL ☐ Delete

TITLE  
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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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)

Attachment  
DH#V39795  
DCU-18619

Dennis Pilla, Owner  
DP Auto Care  
1505 Cypress Drive  
Jupiter, FL 33469  
(561) 745-7303

August 5, 2000

To Whom It May Concern,

I would greatly appreciate it if you would so kindly adjust my bill due to the circumstances I am currently under. I am going through a messy buy-out with my business partner, who is also my brother. Out of spite, he has been sabotaging the business for quite some time. It recently came to my attention, when I received a SECOND NOTICE Uniform Business Report, that he deliberately disposed of the FIRST filing form for both DP Auto Care and D&D 1515.

At this time I am in full charge of the business and wish to make prompt payment. I would be more than willing to discuss and elaborate on the situation if needed. I appreciate your attention to this matter.

Sincerely,

  
Dennis R. Pilla