## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## **FILED** Mar 22, 2000 8:00 am Secretary of State **DOCUMENT # V68269** 1. Entity Name CERTIFIED MUFFLER & BRAKES, INC. 03-22-2000 90023 047 \*\*\*150.00 Mailing Address Principal Place of Business 1637 BANKS RD 4960 NW 16TH ST. MARGATE FL 33063 MARGATE FL 33063-7743 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc Applied For City & State City & State 4. FEI Number 65-0349551 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BURNHAM, DAVID Street Address (P.O. Box Number is Not Acceptable) 4960 NW 16TH ST MARGATE FL 33063 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 DATE (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 \_10.\_Election Campaign Financing \$5:00-May Be After MAY 1, 2000 Fee will be \$550.00 Tax filling requirement and elects to do so 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 OFFICERS AND DIRECTORS 12. 11. TITLE Change ☐ Addition ☐ Delete TITLE BURNHAM, DAVID W. NAME NAME STREET ADDRESS 4960 NW 16TH ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MARGATE FL 33063 ☐ Addition Change ☐ Delete TITLE DILE BURNHAM, DAVID W. MAME NAME STREET ADDRESS STREET ADDRESS 4960 NW 16TH ST CITY-ST-ZIP CITY-ST-ZIP MARGATE FL 33063 ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.