

AMENDED

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000097841

Entity Name  
**AGLE AUTO SERVICE CENTER, INC.**

FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
 01 SEP 27 11 1:38  
 01 SEP 27 11 1:38 \*\*\*150.00

Principal Place of Business  
~~NW-174TH PLACE~~  
~~TRENTON FL 32089~~  
 FANNING SPRINGS FL  
 32093

Mailing Address  
 8270 NW-174TH PLACE  
~~TRENTON FL 32089~~  
 FANNING SPRINGS FL 32093

600494



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
 HC3 Box 30  
 Suite, Apt. #, etc.

3. Mailing Address  
 HC3 Box 30  
 Suite, Apt. #, etc.

City & State  
 Old Town FL

City & State  
 Old Town FL

4. FEI Number **59-3608085** Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**WILKS, ROBERT**  
 8270 NW-174TH PLACE  
 TRENTON FL 32089  
 FANNING SPRINGS, FL 32093

7. Name and Address of New Registered Agent  
 Name **H. DALE HERRING**  
 Street Address (P.O. Box Number is Not Acceptable)  
 U.S. Highway 19 South  
 City **Old Town, FL** FL Zip Code **32080**

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.

NATURE **H. DALE HERRING** 9-25-01  
~~Robert Wilks~~ ~~President~~ ~~Robert Wilks~~ ~~President~~  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
 After MAY 1, 2001 Fee will be \$550.00  
 Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS

ST WILKS, SUSAN 8270 NW 174 PL TRENTON FL 32089 FANNING SPRINGS, FL 32093	<input checked="" type="checkbox"/> Delete
President Robert Wilks 8270 NW 174 PL FANNING SPRINGS, FL 32093	<input checked="" type="checkbox"/> Delete
	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
PRESIDENT H. DALE HERRING U.S. HIGHWAY 19 SOUTH OLD TOWN, FL 32080	
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **H. DALE HERRING** 9-25-01  
~~Susan Wilks~~ ~~SUSAN WILKS ST~~ 10-01/352-463-1667  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (352) 542-7835

CR2E034 (10/00)