

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2000 8:00 am**  
**Secretary of State**

02-21-2000 90004 013 \*\*\*158.75

<b>DOCUMENT # 465015</b> 1. Entity Name <b>ALEX KARRAS LINCOLN-MERCURY, INC.</b>							
Principal Place of Business 6760 14TH ST., W. P. O. BOX 9028 BRADENTON FLORIDA 34207			Mailing Address 6760 14TH ST., W. P. O. BOX 9028 BRADENTON FLORIDA 34207-5806				
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number <b>59-1560039</b> <table border="1" style="float: right; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Applied For</td> </tr> <tr> <td style="padding: 2px;">Not Applicable</td> </tr> </table>		Applied For	Not Applicable
Applied For							
Not Applicable							
Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
<b>WALTERS, CLIFF</b> <b>802-11TH ST.,WEST</b> <b>BRADENTON FL 34205</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ (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. <input type="checkbox"/> (See criteria on back)		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	PS KARRAS, ALEX		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	2612-89TH ST.,N.W.		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS	BRADENTON FL		STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
CITY-ST-ZIP			CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	V KARRAS, RICK		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	5212 18TH AVE W		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS	BRADENTON FL		STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
CITY-ST-ZIP			CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	T KARRAS, BETTY		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	2612-89TH ST.,N.W.		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS	BRADENTON FL		STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
CITY-ST-ZIP			CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS			STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
CITY-ST-ZIP			CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS			STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
CITY-ST-ZIP			CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS			STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
CITY-ST-ZIP			CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u>Alex Karras, President</u>			Date: <u>2-14-99</u>		Daytime Phone #: <u>(941) 756-4004</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							



DO NOT WRITE IN THIS SPACE