

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Apr 30, 2000 08:00 AM**  
**Secretary of State**

**DOCUMENT # H73986**

1. Entity Name  
**ACTION NISSAN, INC.**

Principal Place of Business 12801 S. ORANGE BLOSSOM TRAIL ORLANDA FL 32837 US	Mailing Address 12801 S. ORANGE BLOSSOM TRAIL ORLANDA FL 32837 US
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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4. FEI Number  
**59-2602076**

Applied For  
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**NERO WILLIAM A**  
**2830 N ORANGE BLOSSOM TR**  
**ORLANDA FL 32837**

7. Name and Address of New Registered Agent

Name  
**NERO WILLIAM A**

Street Address (P.O. Box Number is Not Acceptable)  
**12801 S. ORANGE BLOSSOM TRAIL**

City **ORLANDA FL** Zip Code **32837**

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 **WILLIAM A NERO** DATE **04/30/2000**  
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 \$150.00**  
**After MAY 1, 2000 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

11. OFFICERS AND DIRECTORS

TITLE	DPTS	<input checked="" type="checkbox"/> Delete
NAME	<b>NERO WILLIAM</b>	
STREET ADDRESS	<b>2830 N ORANGE BLOSSOM TR</b>	
CITY-ST-ZIP	<b>KISSIMMEE FL</b>	
TITLE	C	<input type="checkbox"/> Delete
NAME	<b>WILLIAMSON, JOSEPH M.</b>	
STREET ADDRESS	<b>2830 N ORANGE BLOSSOM TR</b>	
CITY-ST-ZIP	<b>KISSIMMEE FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DPTS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NERO WILLIAM A</b>	
STREET ADDRESS	<b>12801 S ORANGE BLOSSOM TRAIL</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32837</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE **WILLIAM A NERO** DATE **04/30/2000**