

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M86728

1. Entity Name

DESOTO AUTOMOTIVE ENTERPRISES, INC.

FILED

Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90016 029 ***150.00

Principal Place of Business

Mailing Address

3039 SE HIGHWAY 70
PO BOX 190
ARCADIA FL 34266
US

P O BOX 190
PO BOX 190
ARCADIA FL 34265-0190
US

00017022



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0055268

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

SCHLUNDT, MARK
1875 CITRON ST.
CHARLOTTE HARBOR FL 33980

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHLUNDT, MARK 1875 CITRON ST. CHARLOTTE HARBOR FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CHRISTOPHERSON, CHARLES 171 CASTLE CT. PUNTA GORDA FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KRAZTER, MATTHEW 18140 BRACKEN CIR PT CHARLOTTE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SCHLUNDT, PATRICIA 1875 CITRON ST. CHARLOTTE HARBOR FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARK SCHLUNDT

Date

2-1-00

Daytime Phone #

8634944848