## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## FILED DOCUMENT # P97000041180 May 24, 2000 8:00 am Secretary of State CATALANO AUTO SALES INC. 05-24-2000 90172 020 \*\*\*150.00 Mailing Address Principal Place of Business PO BOX 780201 1301 US 1 **SEBASTIAN FL 32978-0201** SEBASTINA FL 32958 US 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3365010 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CATALANO, ORLANDO Street Address (P.O. Box Number is Not Acceptable) 711 SILVERTHORN CT. **BAREFOOT BAY FL 32976** 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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 filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change ☐ Delete TITLE DITLE CATALANO, ORLANDO NAME NAME 711 SILVERTHORN CT STREET ADDRESS STREET ADDRESS **BAREFOOT BAY FL 32976** CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Delete TITLE CATALANO, CAROL NAME NAME 711 SILVERTHORN CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BAREFOOT FL 32976 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE CATALANO, SHAWN NAME NAME 2535 MARIETTA ST NE STREET ADDRESS STREET ADDRESS PALM BAY FL 32905 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE CATALANO, KIM NAME NAME 2535 MARIETTA ST NE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM BAY FL 32905 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition TITLE 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. changed, or on an attachment with an address, with all other