## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## **FILED** Jan 30, 2001 8:00 am DOCUMENT # **P98000023232 Secretary of State** FIRKINS NISSAN, INC. 01-30-2001 90165 046 \*\*\*150.00 Principal Place of Business Mailing Address 1611 CORTEZ RD W 1611 CORTEZ RD W **BRADENTON FL 34207** BRADENTON FL 34207 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0823970 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BLALOCK, LANDERS, WALTERS AND VOGLER, P.A. Street Address (P.O. Box Number is Not Acceptable) 802 11TH ST W **BRADENTON FL 34205** Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE ☐ Delete TITLE Addition FIRKINS, ROBERT NAME NAME STREET ADDRESS 2700 1ST STREET E STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34208** CITY-ST-ZIP STD ☐ Addition ☐ Delete TITLE ☐ Change TITLE FIRKINS, LINDA C NAME NAME 2700 1ST STREET E STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34208** CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition SABA, WILLIAM NAME NAME STREET ADDRESS 2700 1ST STREET E STREET ADDRESS **BRADENTON FL 34208** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE 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.