

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000052433

1. Entity Name

TOWNSEND MOTORS, INC.

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90024 045 ***150.00

Principal Place of Business

Mailing Address

TOWNSEND MOTORS, INC.
 502 HAVENDALE BLVD.
 AUBURNDALE FL 33823

TOWNSEND MOTORS, INC.
 502 HAVENDALE BLVD.
 AUBURNDALE FL 33823-4637

2. Principal Place of Business

3. Mailing Address

502 Havendale Blvd

502 Havendale Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Auburndale FL

Auburndale FL

Zip

Country

Zip

Country

33823 USA

33823 USA

4. FEI Number

59-3517082

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

7. Name and Address of New Registered Agent

BUZZANCA, KRISTEN M
 141 5TH ST NW
 WINTER HAVEN FL 33883

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	D	<input type="checkbox"/> Delete
NAME	TOWNSEND, REBECCA H	
STREET ADDRESS	3425 SANDPIPER LANE	
CITY-ST-ZIP	MULBERRY FL 33860	
TITLE	D	<input type="checkbox"/> Delete
NAME	TOWNSEND, STEVE K	
STREET ADDRESS	3425 SANDPIPER LANE	
CITY-ST-ZIP	MULBERRY FL 33860	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
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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:

Steve Townsend
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/00

863 965 8664

Date

Daytime Phone #

CR2E034 (9/99)