

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000065372**

1. Entity Name
4 POINTS AUTO SALES, INC.

Principal Place of Business
**3489-B SOUTH MONROE STREET
TALLAHASSEE FL 32301**

Mailing Address
**3489-B SOUTH MONROE STREET
TALLAHASSEE FL 32301**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3526135**

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

**MORRISON, J. KENNETH
3489-B SOUTH MONROE STREET
TALLAHASSEE FL 32301**

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 **PVTS** Delete
NAME **MORRISON, J. KENNETH**
STREET ADDRESS **3489-B SOUTH MONROE STREET**
CITY-ST-ZIP **TALLAHASSEE FL 32301**

Change Addition
800004597328--8
-09/18/01--01064--024
******150.00 ****150.00**

TITLE **D** Delete
NAME **MORRISON, J. KENNETH**
STREET ADDRESS **3489-B SOUTH MONROE STREET**
CITY-ST-ZIP **TALLAHASSEE FL 32301**

Change Addition

TITLE _____ Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

Change Addition

TITLE _____ Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

Change Addition

TITLE _____ Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

Change Addition

TITLE _____ Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

Change Addition
SP

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 info empowered.

SIGNATURE: _____

SIGNATURE REQUIRED

J KENNETH MORRISON 9/11/01

850-656-6292

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PS/192

01 SEP 12 PM 4:42



DO NOT WRITE IN THIS SPACE

0004775 AV

CR2E034 (5/01)

3489-B S. Momroe St.
Tallahassee, Fl. 32301
850-656-6292

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4-POINTS AUTO SALES

September 12, 2001

Dept. of the State
Divisions of Corporations
489 E. Gaines St.
Tallahassee, Fl. 32302

Dear Ms. Eure:

Having received this notice from the Dept. of the State (2001 Uniform Business Notice) and the due date of Sept. 12th boldly imprinted, my bookkeeper filed it to be taken care of by that date. This was the first and only notice we received. Having called and inquired, I found that the due date is actually May 1st. We have not received the first notice to let us know this is due by that date.

Sincerely,



Kenneth Morrison