

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G79946**

1. Entity Name

"CASH" REGISTER AUTO INSURANCE OF WINTER GARDEN,

Principal Place of Business

% LLOYD E. REGISTER
1535 N. MAITLAND AVE
MAITLAND FL 32751

Mailing Address

% LLOYD E. REGISTER
1535 N. MAITLAND AVE
MAITLAND FL 32751-3317

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

REGISTER, LLOYD E.
1535 N. MAITLAND AVE
MAITLAND FL 32751

7. Name and Address of New Registered Agent

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

TITLE ☐ Delete
NAME DC
STREET ADDRESS REGISTER, LLOYD E.
CITY-ST-ZIP 507 FORESTWOOD CT.
MAITLAND FL

TITLE ☐ Delete
NAME DST
STREET ADDRESS PACE, ERICK
CITY-ST-ZIP 1535 N MAITLAND AVE
MAITLAND FL

TITLE ☐ Delete
NAME DV
STREET ADDRESS REGISTER, LLOYD E IV
CITY-ST-ZIP 1535 N. MAITLAND AVE
MAITLAND FL 32751

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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

TITLE ☐ Change ☐ 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:

Signature of Eric Pace
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/00
Date

407 260 2220
Daytime Phone #

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90076 034 ***158.75



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2369002** Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

CR2F034 / 9/99