

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90259 048 ***150.00

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DOCUMENT # P97000042795

1. Entity Name
27 AUTO SALES INC. OF LEON



Principal Place of Business
**4042 APALACHEE PARKWAY
TALLAHASSEE FL 32311**

Mailing Address
**4042 APALACHEE PARKWAY
TALLAHASSEE FL 32311**

2. Principal Place of Business

3. Mailing Address

6747 Longhorn Dr.
Suite, Apt. #, etc.

6747 Longhorn Dr.
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

Tallahassee, FL

Tallahassee, FL

Zip
32311

Country

Leon

Zip

32311

Country

Leon

4. FEI Number **59-3446240**

Applied For
Not Applicable

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

**ELSAKA, AHMED F
4042 APALACHEE PARKWAY
TALLAHASSEE FL 32311**

Name

Street Address (P.O. Box Number is Not Acceptable)

6747 Longhorn Dr.
City **Tallahassee** **FL** Zip Code **32311**

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. I am familiar with, and accept the obligations of registered agent.

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
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **ELSAKA, Wafa A**
STREET ADDRESS **6747 LONGHORN DR**
CITY-ST-ZIP **TALLAHASSEE FL 32311**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-03

Date

219-9594

Daytime Phone #

CR2E034 (10/02)